Working Together Towards a Healthier Westchester

Westchester County Community Health Assessment

Supplemental Data Report III: Communicable Diseases

Westchester County Department of Health

2013

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FOREWORD

The Westchester County Department of Health (WCDH) plays a leading role in promoting health, preventing disease, and prolonging meaningful life for Westchester County residents. WCDH monitors and controls the spread of communicable diseases, monitors and regulates air and water quality, enforces the state and local sanitary code, promotes local public health activities, and assures the availability of community health services.

Supplementing the ***Westchester County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), 2014-2017***, six additional data reports are compiled to provide detailed data addressing specific areas relevant to the county's public health. These reports are:

- Westchester County Community Health Assessment Supplemental Data Report 1. Population
- Westchester County Community Health Assessment Supplemental Data Report 2. Vital Statistics
- Westchester County Community Health Assessment Supplemental Data Report 3. Communicable Diseases
- Westchester County Community Health Assessment Supplemental Data Report 4. Cancer
- Westchester County Community Health Assessment Supplemental Data Report 5. Emergency Room Visits
- Westchester County Community Health Assessment Supplemental Data Report 6. Hospitalization

Using data from the New York State Department of Health Communicable Disease Electronic Surveillance System (CDESS), Data from New York Department of Health Bureau of HIV/AIDS Epidemiology, and data from Westchester County Department of Health Clinic Electronic Health Records, this report focuses on communicable diseases among Westchester County residents. The number of reported cases and rates are presented according to the patients' age, sex, race/ethnicity, and residential locations.

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HIGHLIGHTS

- In 2012, a total of 6,460 cases, involving 35 reportable communicable diseases were reported to Westchester County Department of Health.
- Chlamydia was the most commonly reported communicable disease in Westchester County, with 3,033 reported cases in 2012, representing 47.0% of all reported cases of communicable diseases.
- The number of Chlamydia cases has increased by close to 100% from 2003 to 2012. Approximately 68% of cases were reported among the 15 to 24 age group in 2012.
- Gonorrhea had the second highest reported case rate. In 2012, 623 cases were reported, representing 9.6% of all reported cases of communicable diseases.
- Blacks had higher reported rates of Chlamydia and Gonorrhea compared to whites.
- As of December 2011, 1,172 individuals were living with HIV in Westchester County and 2,050 individuals were living with AIDS. Excluding New York City, Westchester County had the highest number of individuals living with HIV and/or AIDS among all New York State Counties.
- Black women comprised 59.1% of all women newly diagnosed with HIV, a number nearly 8 times greater than that of white women.
- Meningitis and Invasive Streptococcus Pneumoniae were the most commonly reported Central Nervous System diseases and causes of bacteremias: 52 cases of Meningitis and 53 cases of Invasive Strep Pneumoniae were reported in 2012.
- In 2012, 141 cases of Salmonellosis were reported, as well as 251 cases of Campylobacteriosis and 69 cases of Giardiasis, making up the majority of enteric infections reported.
- The estimated total incidence of Lyme Disease in Westchester County was 211 in 2012.
- Post-exposure prophylaxis was administered to 202 Westchester County residents for contact with suspected rabid animals.
- Thirty-seven cases of active Tuberculosis were reported to the Department of Health in 2012, and an additional 233 close contacts were also investigated.
- In 2012, 231 cases of Pertussis were reported, the highest number of cases of the vaccine preventable disease occurring in 15 years.

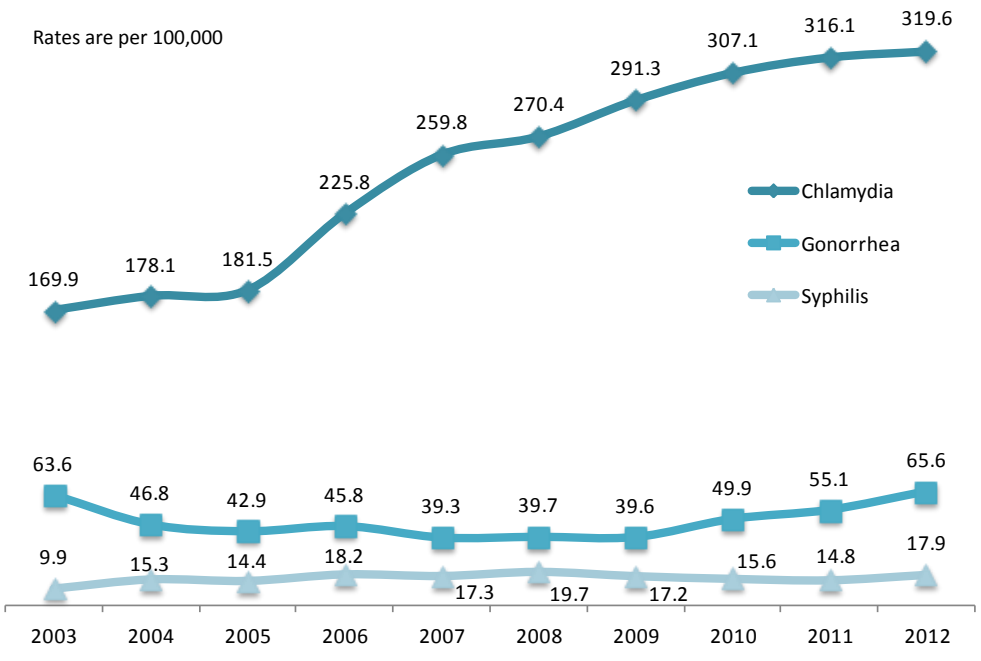
Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) include a large number of infectious organisms usually spread through sexual contact with an infected person. Individuals infected with an STD can be asymptomatic or have mild symptoms that are easily disregarded. However, those infected have the potential to spread the disease to others and develop severe health consequences.

Chlamydia is the most prevalent reportable STD in Westchester County, with 3,033 cases reported in 2012 and an overall rate of 319.6 cases per 100,000 county residents (314.8 per 100,000 excluding cases from correctional facilities). Reported infection rates of Chlamydia have risen every year over the past ten years by an average of 7.5% per year and 88.1% overall since 2003. (Figure 1)

Gonorrhea is the second most prevalent reportable STD in Westchester County with a rate of 65.6 per 100,000 in 2012 (64.9 per 100,000 excluding cases from correctional facilities). The rate of Gonorrhea began declining after 2003 to a low of 39.3 per 100,000 Westchester County residents in 2007. However, the rate of Gonorrhea infections has risen by 66.4% over the past five years. (Figure 1)

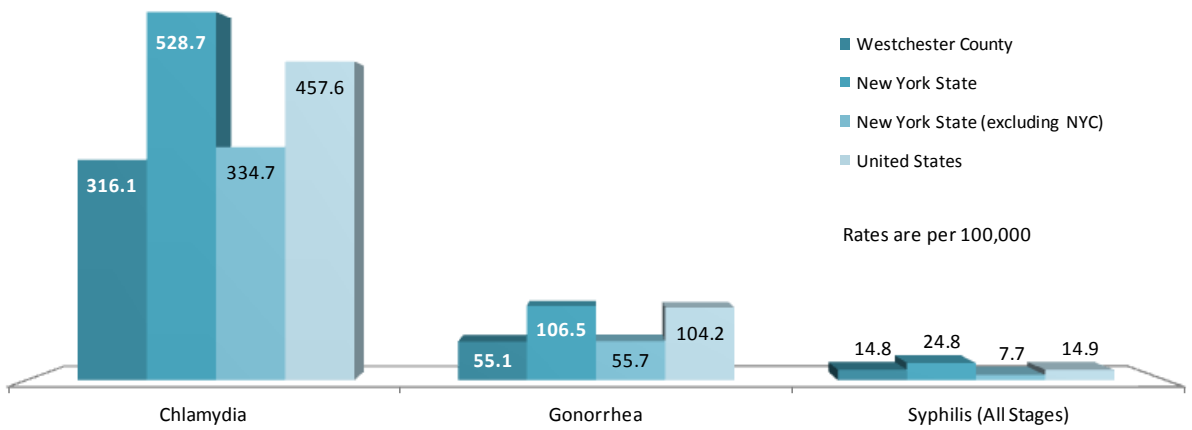
Figure 1. Reported Rates of Chlamydia, Gonorrhea, and Syphilis Infections, Westchester County, 2003 - 2012



Syphilis is the third most prevalent reportable STD in Westchester County, with a rate of 18.0 per 100,000 in 2012 (17.9 cases per 100,000 when excluding cases from correctional facilities). The rate of infection with all stages of Syphilis has nearly doubled since 2003. (Figure 1)

The reported rates of Chlamydia, Gonorrhea, and Syphilis in Westchester County were much lower than those in New York State when New York City is included. When New York City is excluded, Westchester County still had lower rates of Chlamydia and Gonorrhea infections than New York State as a whole but had a higher rate of Syphilis. (Figure 2)

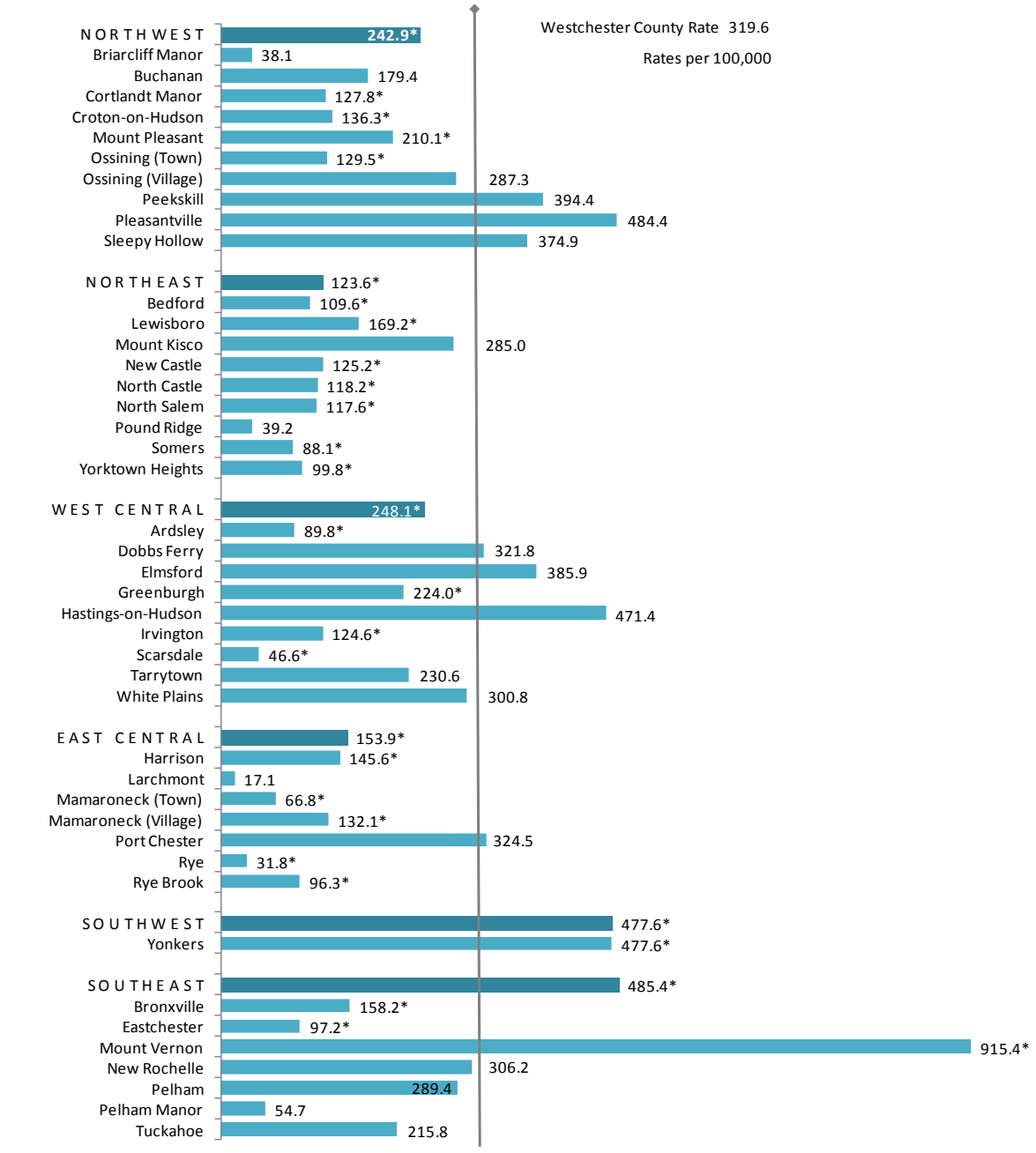
Figure 2. Rate of Chlamydia, Gonorrhea, and Syphilis Infections in Westchester County, New York State, and the United States, 2011



Compared to the entire nation, Westchester County had lower rates of Chlamydia, Gonorrhea, and Syphilis. (Figure 2)

The reported rates of Chlamydia infection were significantly higher in the Southeast and Southwest Health Planning Regions (485.4 and 477.6 per 100,000, respectively) than the overall county rate (319.6 per 100,000). The remaining four Health Planning Regions (HPRs) all had significantly lower rates of Chlamydia infections than the County as a whole. (Figure 3)

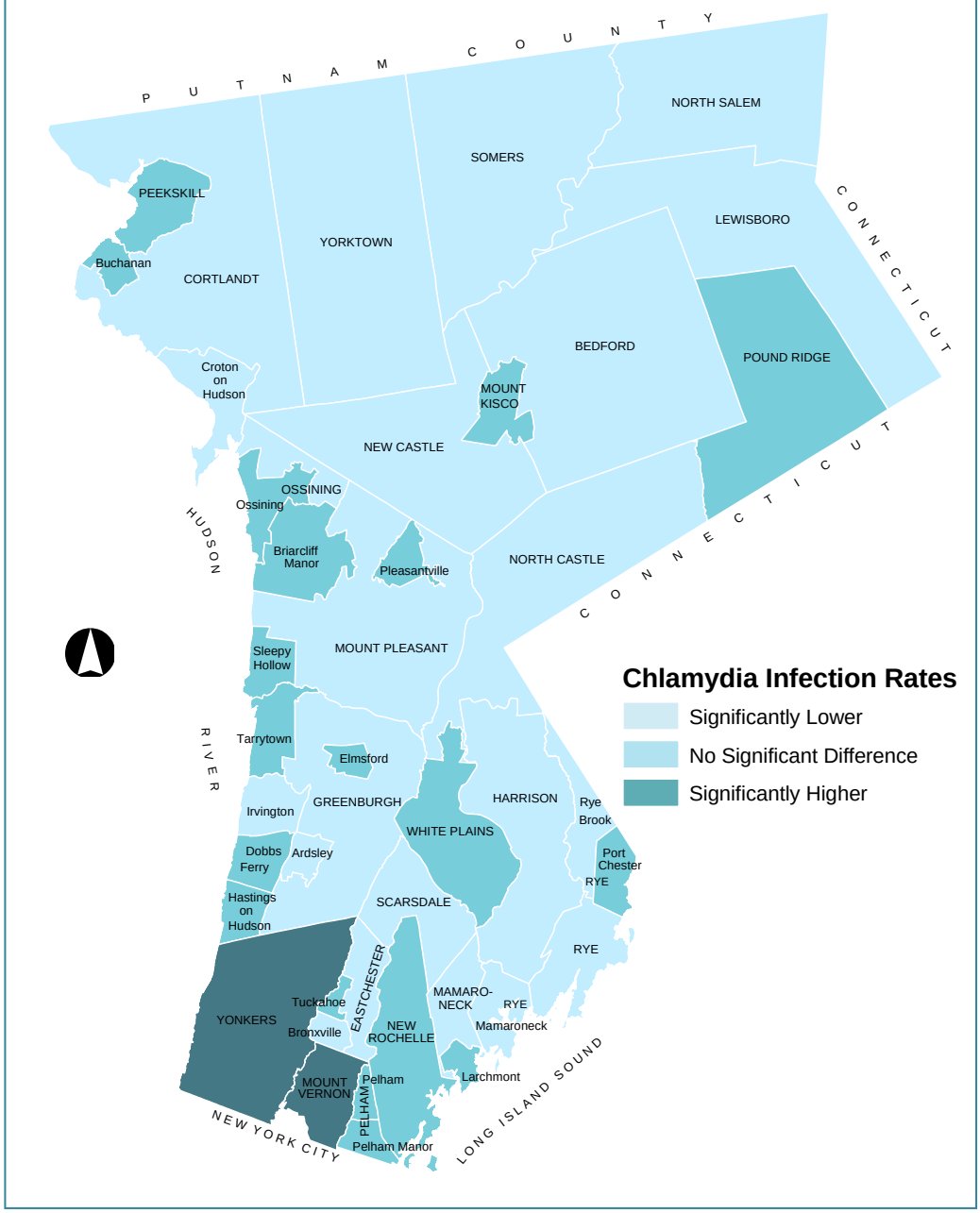
Figure 3. Reported Rates of Chlamydia by Health Planning Region and Municipality, Westchester County, 2012



*Statistically significant

Yonkers and Mount Vernon presented significantly higher rates of Chlamydia infection than the overall county rate. The remaining municipalities had either significantly lower rates of Chlamydia infection or no significant difference from the overall County rate. While Pleasantville and Hastings-on-Hudson had higher reported rates of Chlamydia than the County average, the difference was not statistically significant. (Figure 4)

Figure 4. Comparison of Rates of Chlamydia Infections by Municipality with Total Westchester County Rate, 2012

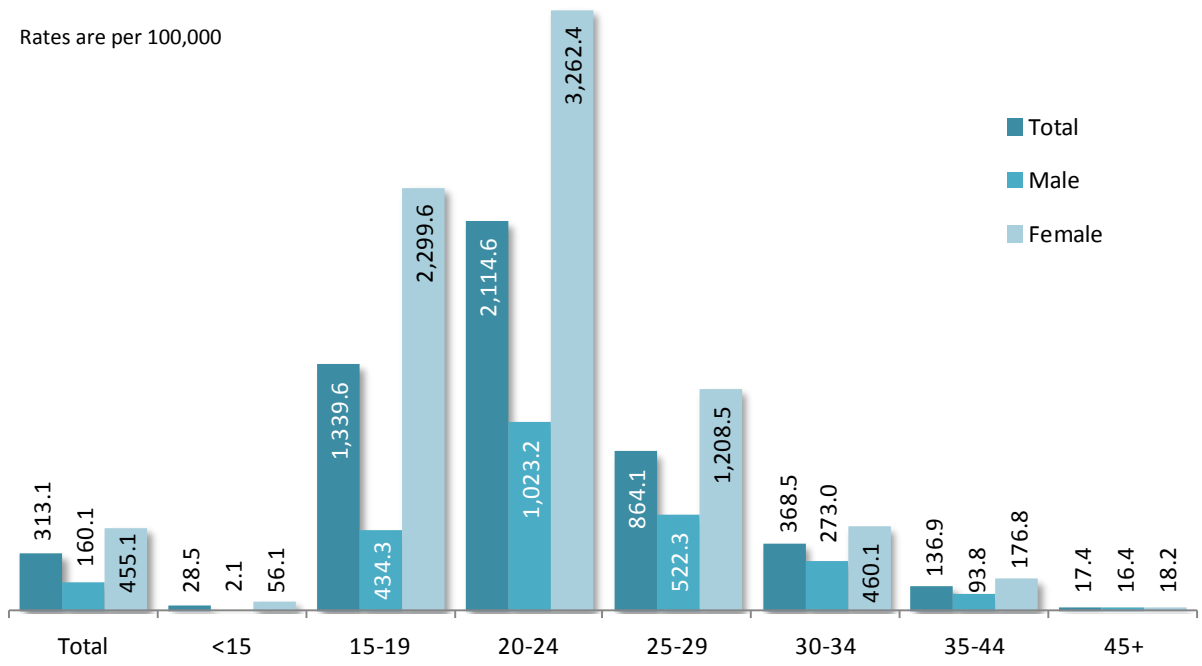


A few municipalities had too few cases or a total population that was too small as to make significance testing unreliable. (Figure 4)

The reported rate of Chlamydia was highest among the 20 to 24 age group (2,114.6 per 100,000), followed by the 15-19 age group (1,339.6 per 100,000). (Figure 5)

In all age groups, females had a higher reported infection rate in comparison to males. However, the higher rate of reported infection among females may be associated with higher rates of screening among women. In addition, women may become re-infected if their partner has not been tested and treated for STDs. Many individuals infected with an STD, especially Chlamydia may not exhibit symptoms and thus are unaware of the need to be tested.

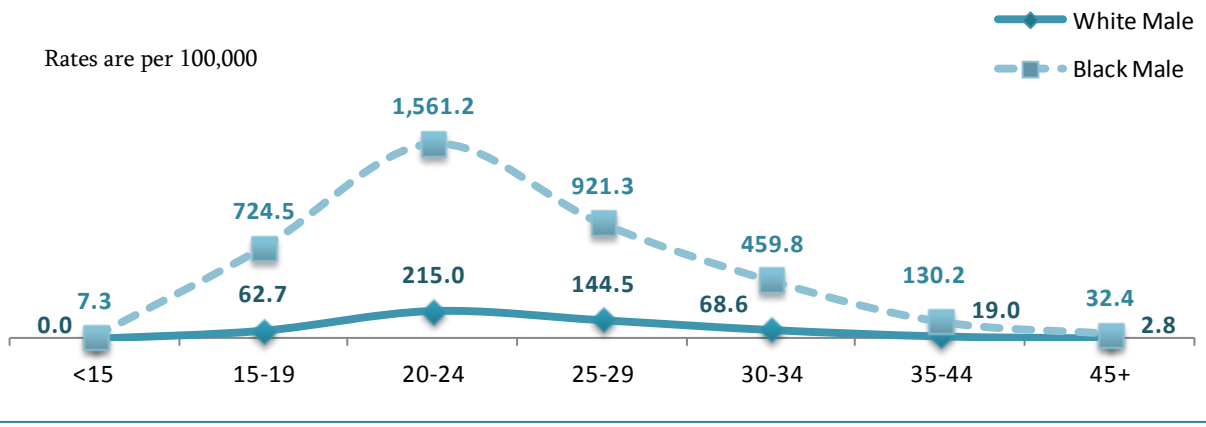
Figure 5. Reported Rates of Chlamydia by Age Group and Sex, Westchester County, 2012

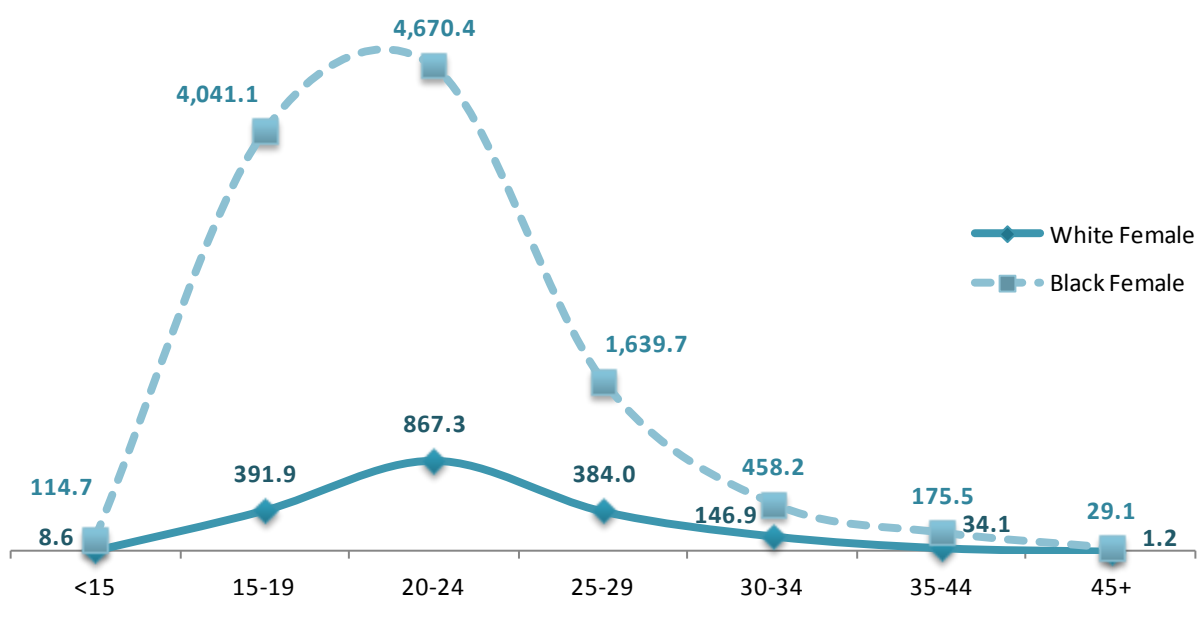


Although blacks comprise only 14.6% of the County's population, 51.2% of the reported Chlamydia cases for whom race was known were black.

For both males and females and across all age groups, blacks have higher rates of Chlamydia than their white counterparts. In the 15 to 19 age group, black females have a rate of 4,041.1 cases per 100,000, more than 10 times greater than white females of the same age. In the 20-24 age group, the rate of infection for black females is more than five times greater. This trend is also evident among males. The rate of Chlamydia infection among black males aged 15 to 19 is nearly 12 times greater than white males of the same age. (Figure 6)

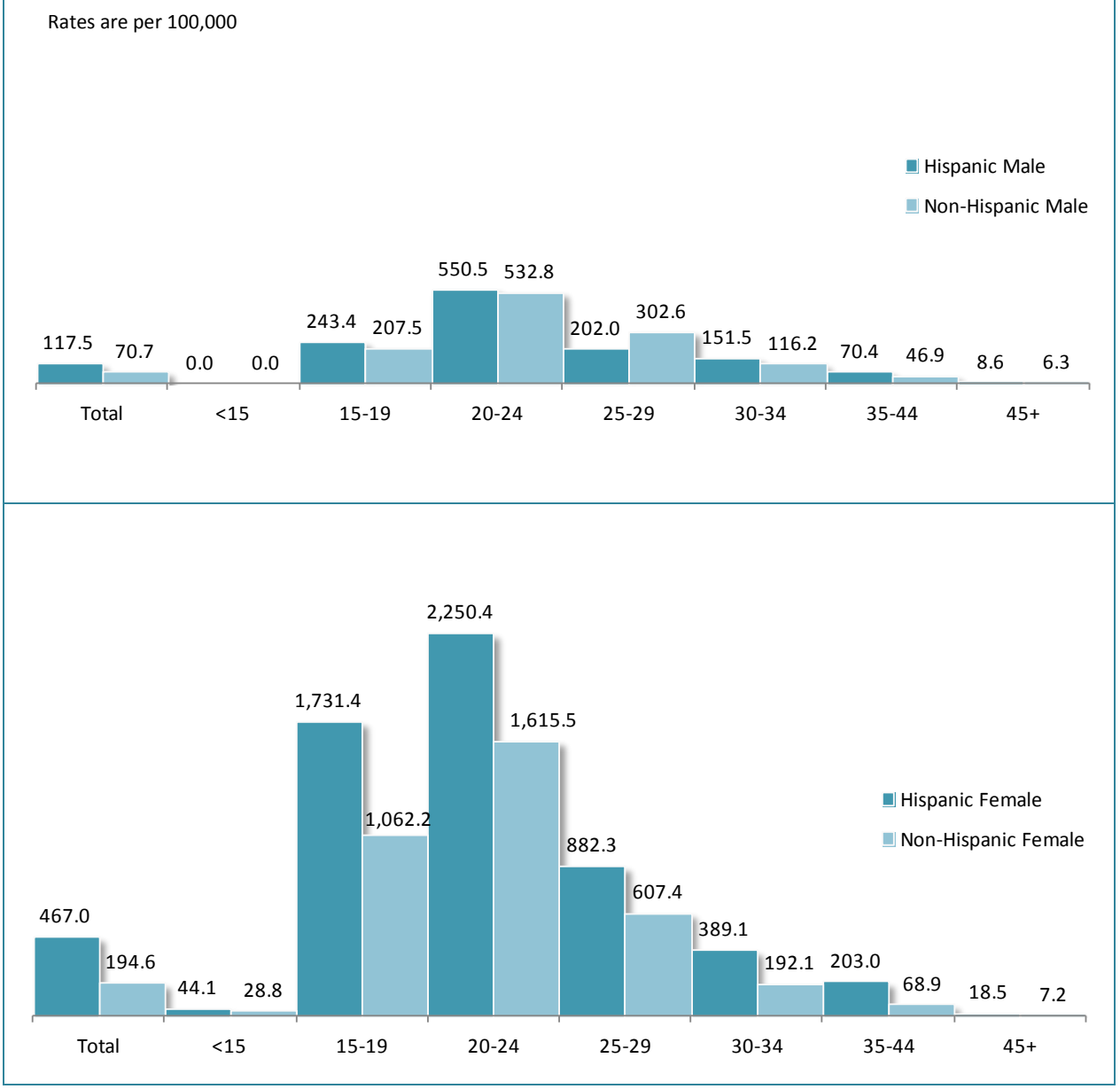
Figure 6. Reported Rates of Chlamydia by Age, Sex, and Race, Westchester County, 2012





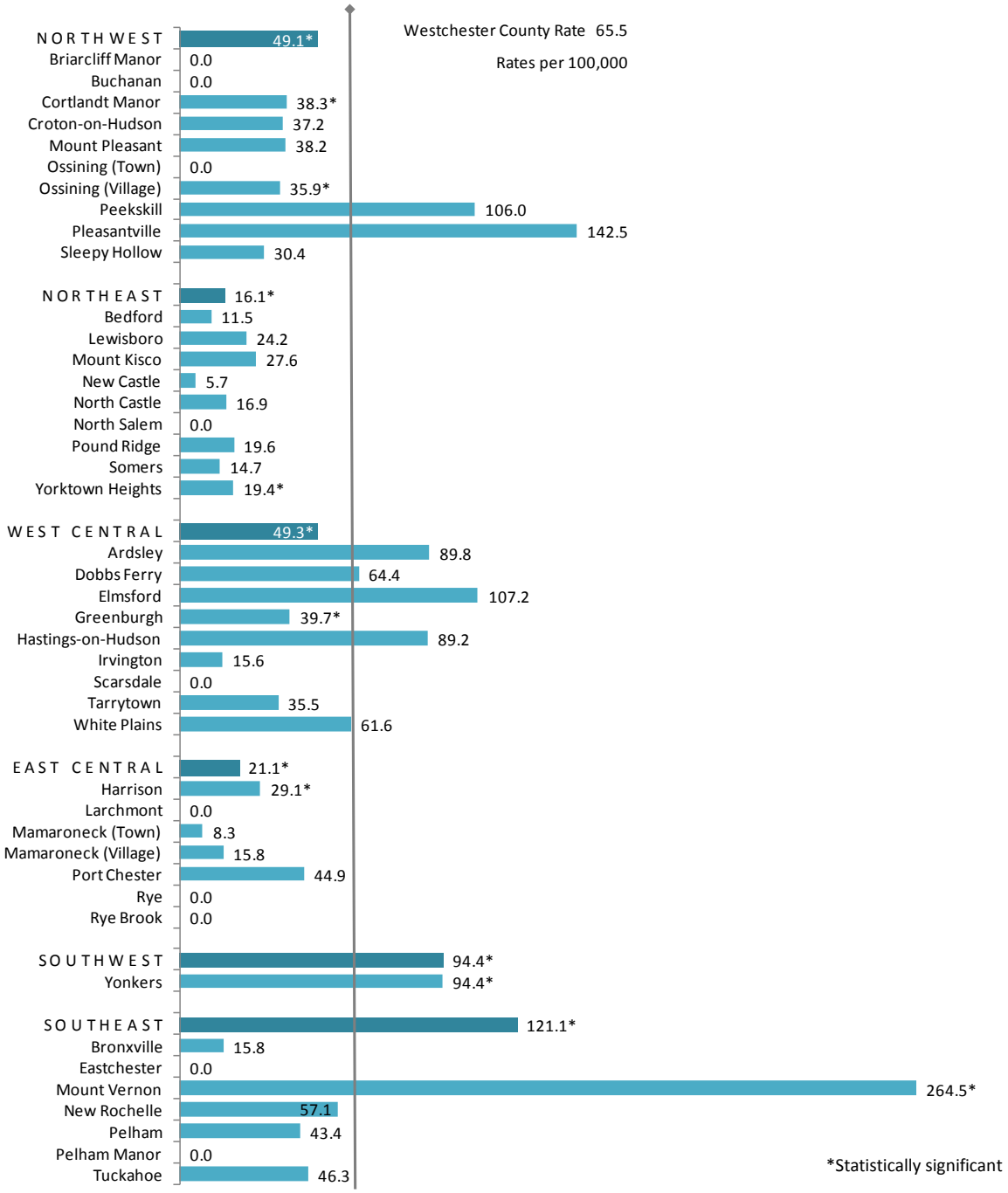
In general, reported rates of Chlamydia were higher for Hispanics than for non-Hispanics. Hispanic females had higher rates of reported Chlamydia infections than non-Hispanics for all age groups. (Figure 7)

Figure 7. Reported Rates of Chlamydia by Age, Sex, and Ethnicity, Westchester County, 2012



The reported rates of Gonorrhea infection were significantly higher in the Southeast and Southwest Health Planning Regions than the overall county rate. The Northwest, Northeast, West Central, and East Central HPRs all had significantly lower rates of Gonorrhea infection than the County's rate. (Figure 8)

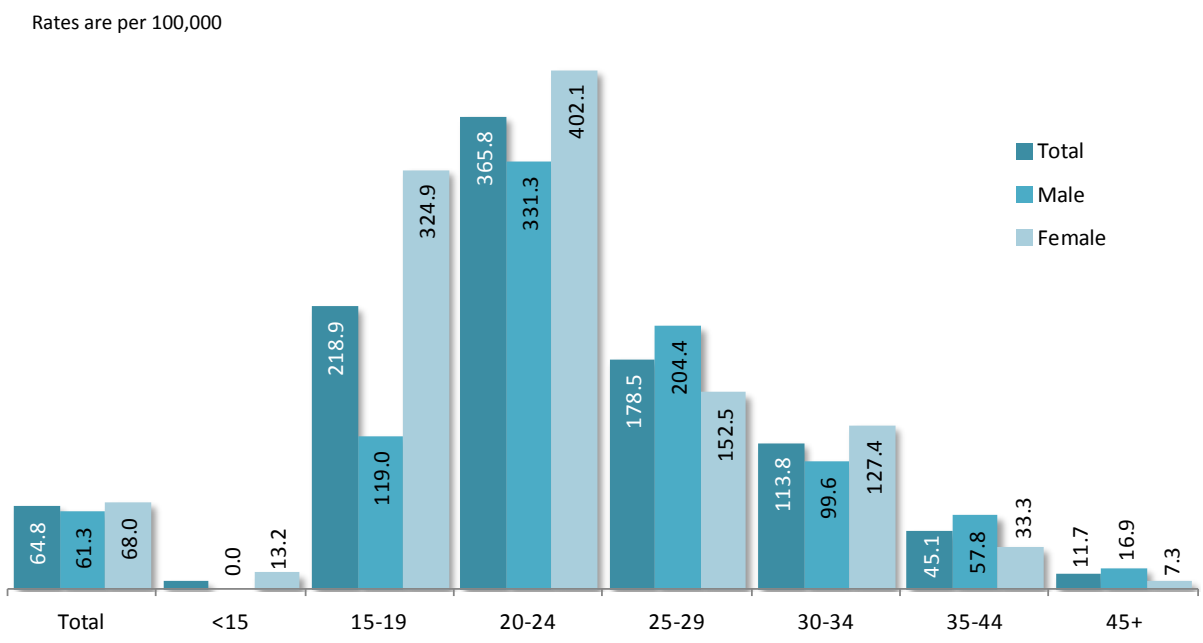
Figure 8. Reported Rates of Gonorrhea Infection by Municipality, Westchester County, 2012



Yonkers and Mount Vernon were the only municipalities that had significantly higher rates of Gonorrhea infection than the overall county rate. Cortlandt Manor, Ossining Village, Yorktown, Greenburgh, and Harrison all had significantly lower rates of infection. For all other remaining municipalities there was either no significant difference in infection rates when compared to the County as a whole or there were too few cases to draw any meaningful conclusions. Peekskill, Pleasantville and Elmsford each had higher reported rates of Chlamydia than the County average, however, the difference was not statistically significant. (Figure 8)

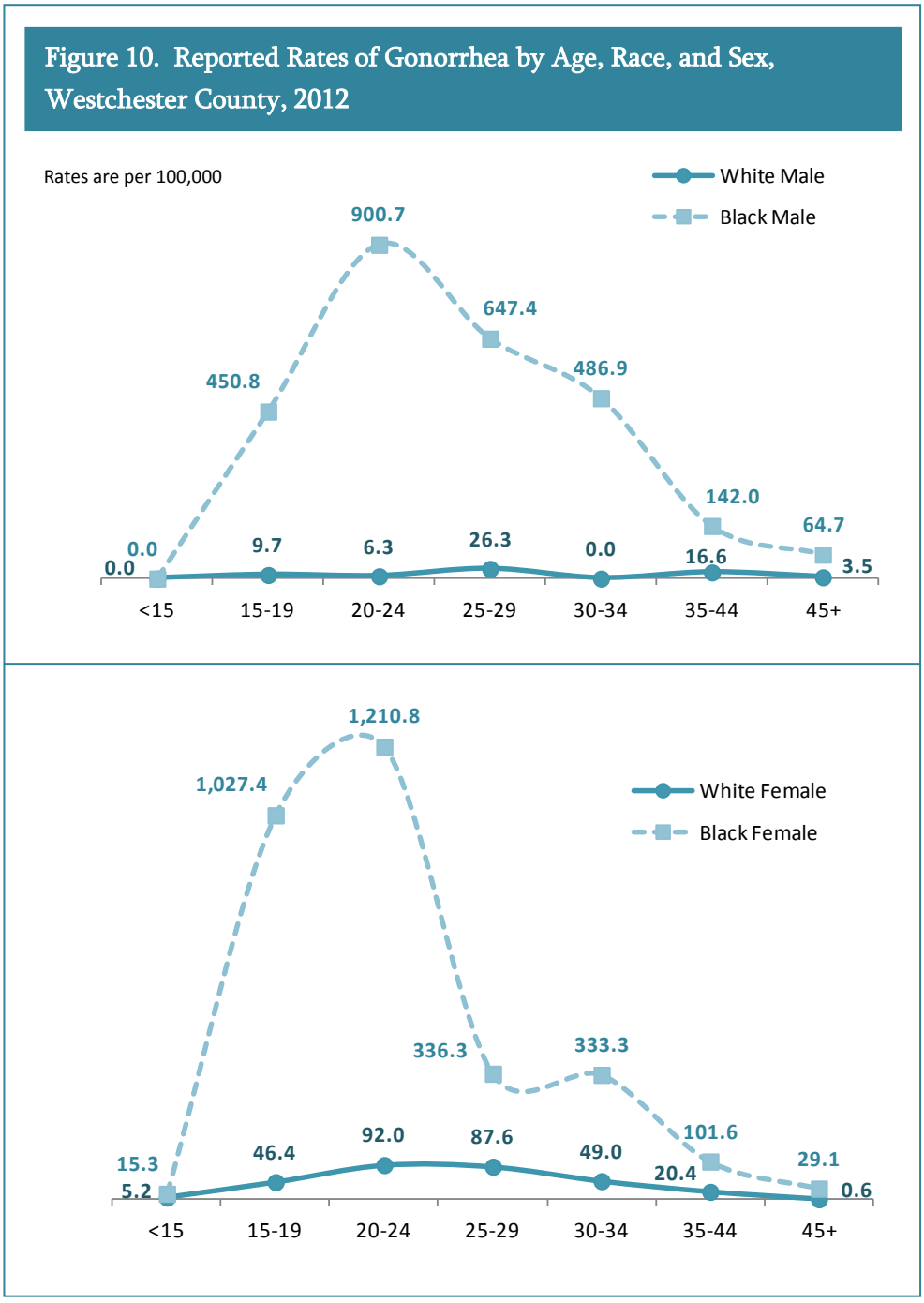
In general, females had a slightly higher overall rate of infection compared to males (68.0 vs. 61.3 per 100,000). However when broken down by age, females generally had higher rates of Gonorrhea infection among the younger age groups. (Figure 9) In fact, over 65% of cases occurring among females were younger than 25 years old, whereas 53% of males were over the age of 25.

Figure 9. Reported Rates of Gonorrhea Infections by Age and Sex, Westchester County, 2012



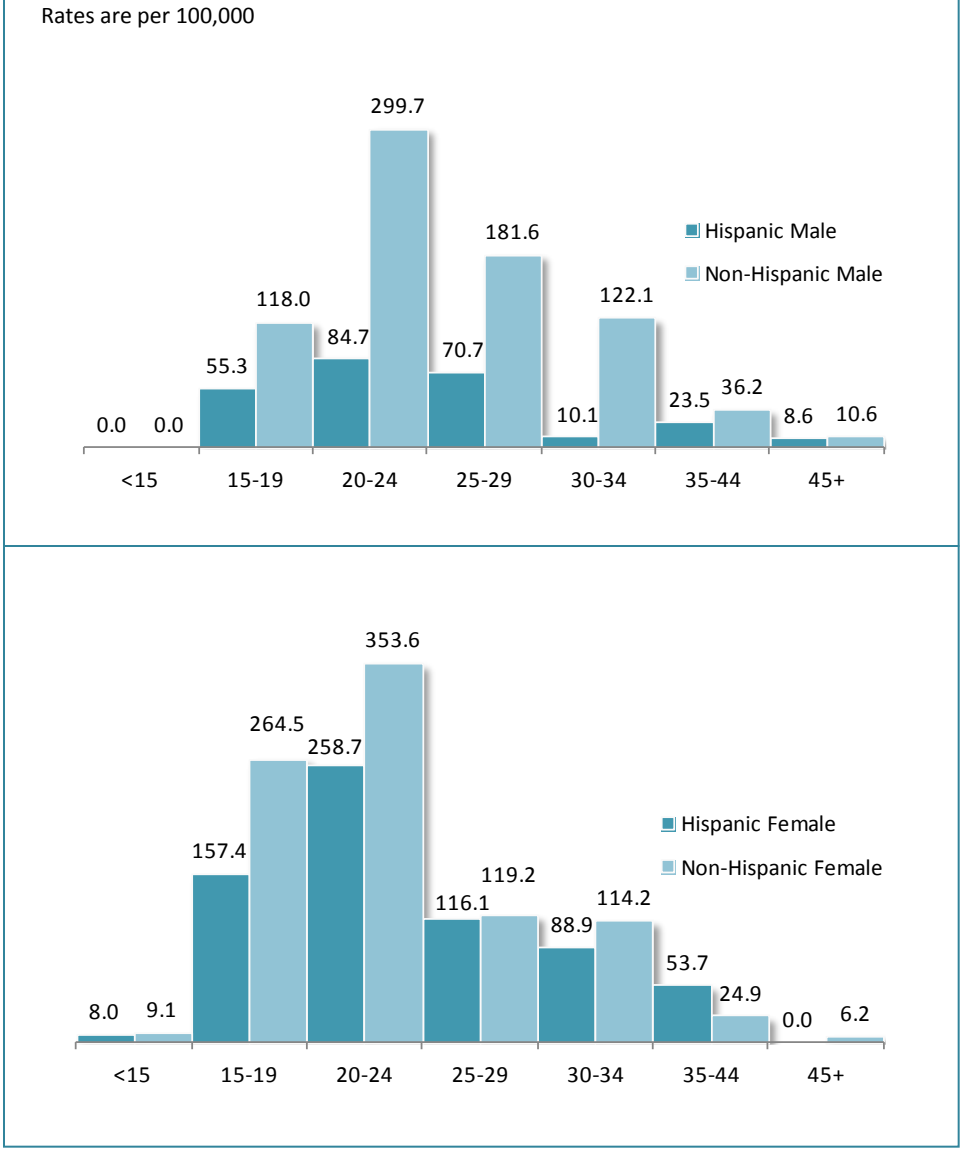
As with Chlamydia, the infection rates of Gonorrhea were higher among blacks than among whites overall (231.7 vs. 11.8 per 100,000) and across all age groups and genders. This difference was greatest among the 20 to 24 year old age group, where black women had a reported rate of 1,210.8 per 100,000 compared to only 92.0 per 100,000 for white women. Among males, the reported rate for blacks aged 20 to 24 years was 900.7 per 100,000 and 6.3 per 100,000 among whites of the same age. (Figure 10)

Figure 10. Reported Rates of Gonorrhea by Age, Race, and Sex, Westchester County, 2012



Hispanics had lower rates of Gonorrhea infection than non-Hispanics except among females aged 35 to 44 years. (Figure 11)

Figure 11. Reported Rates of Gonorrhea Infections by Age, Sex, and Ethnicity, Westchester County, 2012

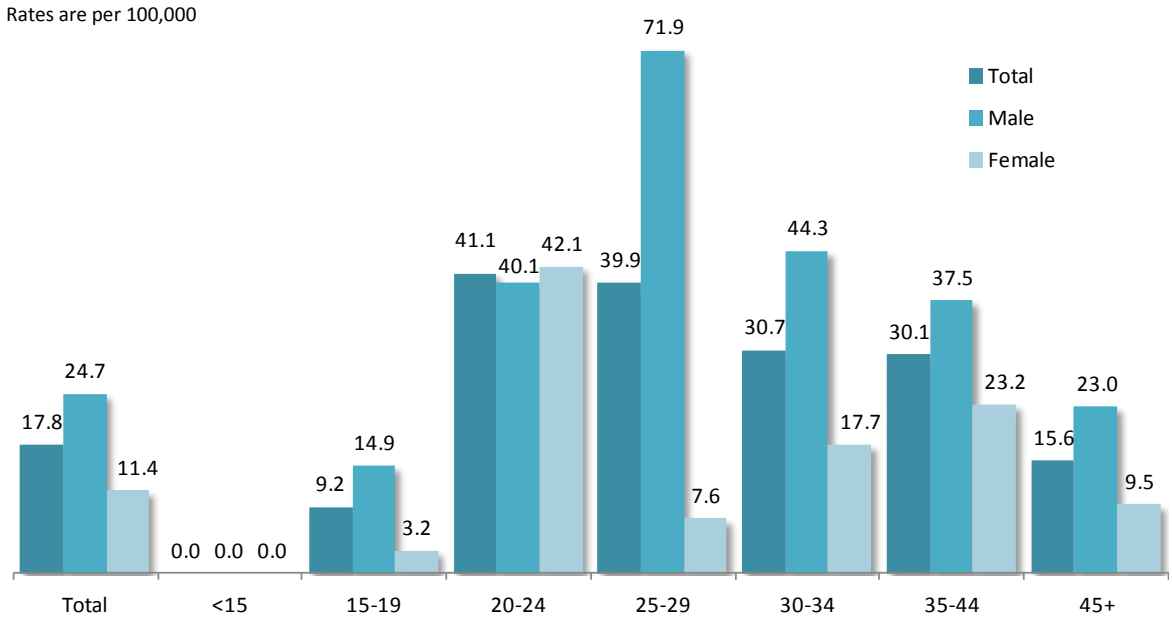


In 2012 there were 170 reported cases of Syphilis among Westchester County residents, of these 78 were cases of early Syphilis (primary, secondary, and early latent). The early stages of Syphilis are the symptomatic periods of the disease and are characterized by one or more painless sores at the site where the bacteria entered the body, rashes which can appear on any part of the body, and occasionally flu-like symptoms. These stages are also those during which transmission occurs most readily, and because many of the sores and symptoms of Syphilis are easy to overlook, transmission often occurs from persons unaware of their infection. The symptoms of early Syphilis will resolve with or without treatment, but without treatment, the infection will progress to the latent and late stages of the disease and remain in the body for decades. In the late stages of Syphilis, the disease will eventually damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints.

Nearly 79% of reported cases of Syphilis (excluding inmates) occurred among residents of the West Central, Southeast, and Southwest Health Planning Regions. These regions are the most urban and densely populated parts of the County.

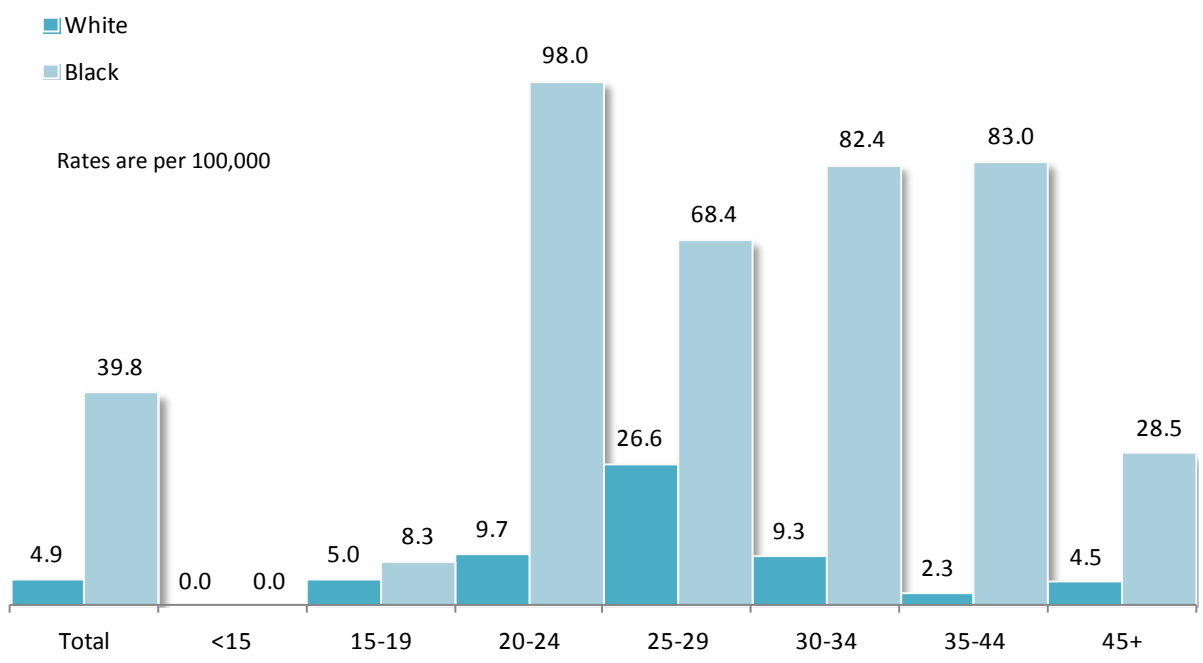
Among the total reported cases of Syphilis in 2012, nearly 71% of cases were aged 30 years or older. Unlike Chlamydia and Gonorrhea, males had higher overall rates of infection than females (24.7 vs. 11.4 per 100,000) as well as in every age group except the 20-24 year cohort. (Figure 12)

Figure 12. Reported Rates of Syphilis (All Stages) by Age and Sex, Westchester County, 2012



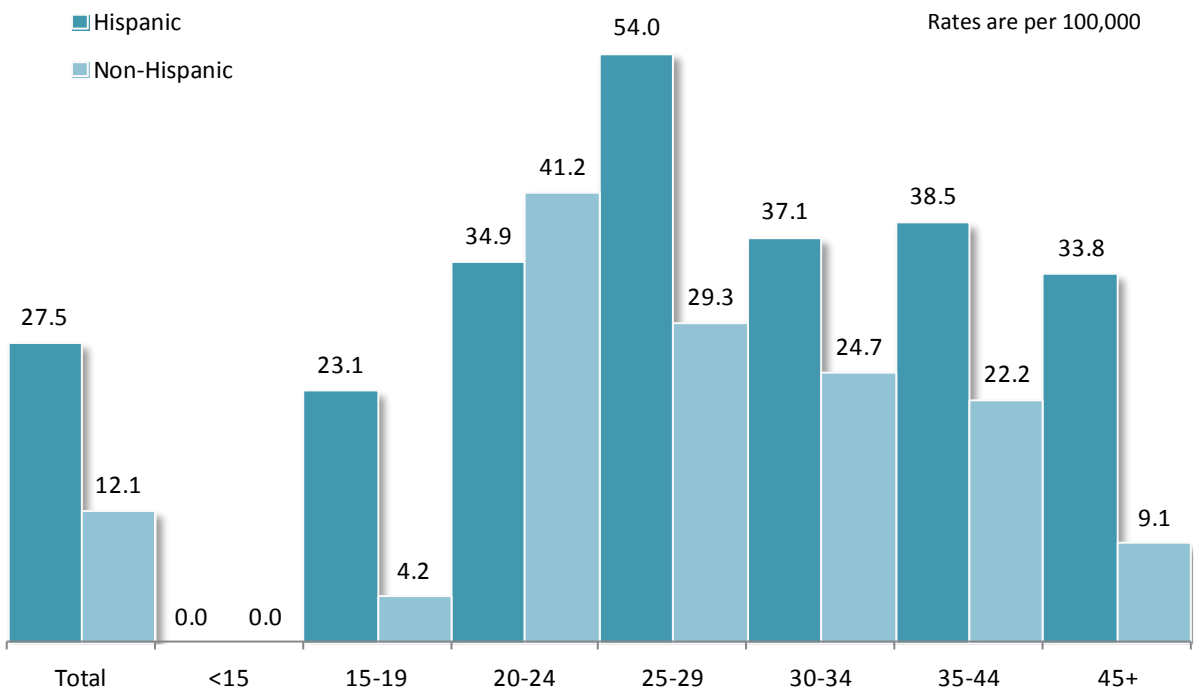
Among the cases of Syphilis, for whom race was known, 43.0% were black, 25.0% were white, and 31.3% were of another or more than one race. Like Chlamydia and Gonorrhea, reported rates of Syphilis were also higher among blacks than whites. (Figure 13)

Figure 13. Reported Rates of Syphilis (All Stages) by Age and Race, Westchester County, 2012



In general, Hispanics had higher rates of Syphilis infection than their non-Hispanic counterparts. Hispanics also comprised 38.8% of all Syphilis cases for whom ethnicity was reported. (Figure 14)

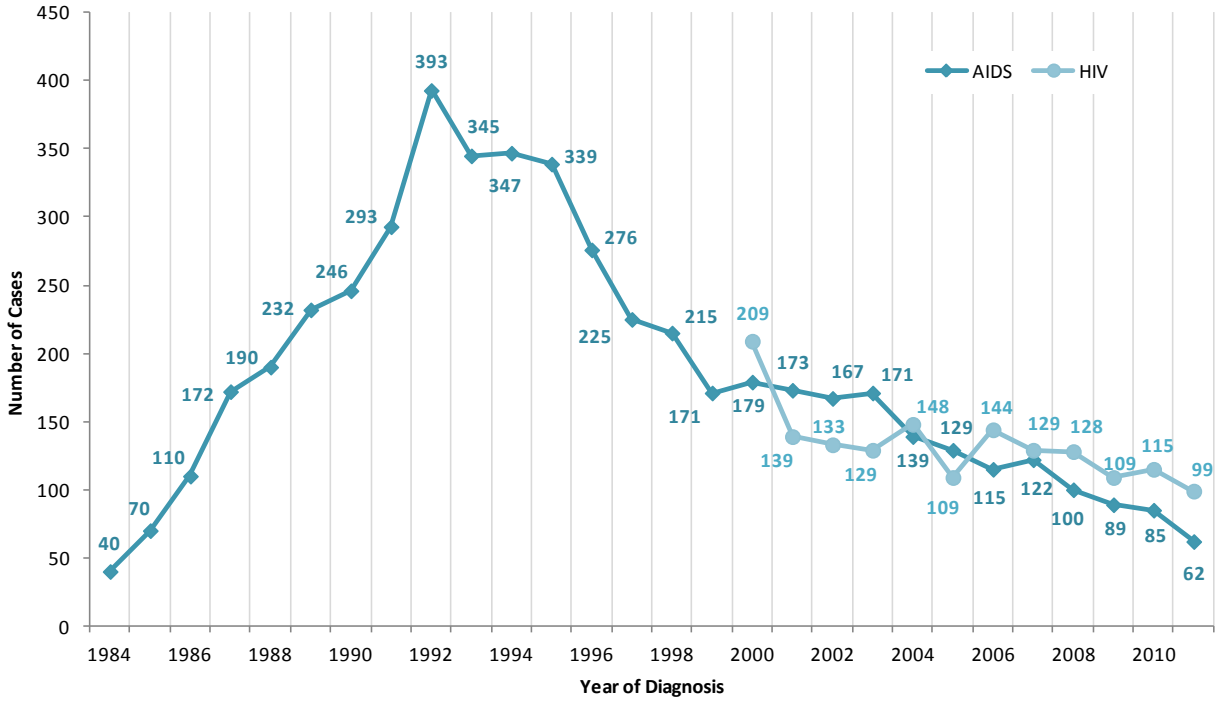
Figure 14. Reported Rates of Syphilis (All Stages) by Age and Ethnicity, Westchester County, 2012



HIV reporting became effective on June 1, 2000. By December 2011, 1,591 Westchester County residents (not including state prison inmates) had been newly diagnosed with HIV, separate and apart from those who may also have received an AIDS diagnosis by that date. Between January 2009 and December 2011, an average of 108 people was diagnosed with HIV each year, which equates to 11.3 people per 100,000 Westchester County residents.

Newly diagnosed AIDS cases have gradually declined, from a peak of 393 cases reported in 1992 to 62 cases reported in 2011. (Figure 15) By December 2011, a total of 5,195 AIDS cases were diagnosed among Westchester County residents (excluding state prisoners). Between January 2009 and December 2011, an average of 79 people was diagnosed with AIDS each year, an incidence rate of 8.2 people per 100,000 Westchester County residents.

Figure 15. Number of Newly Diagnosed HIV[1] and AIDS[2] Cases by Year of Diagnosis, Westchester County[3], 1985 – 2011



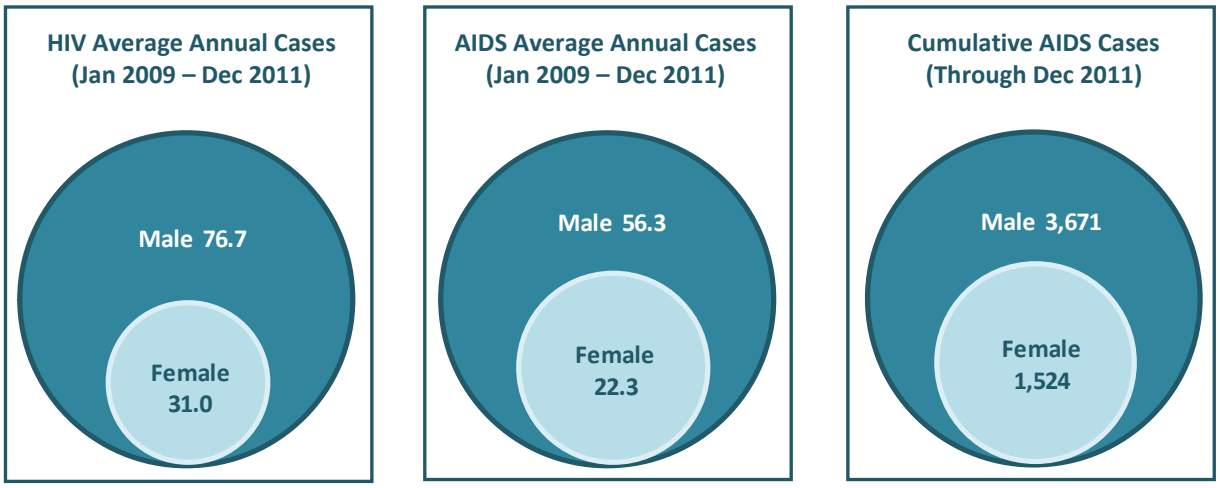
[1] HIV reporting began in June 2000. No earlier data are available.

[2] Persons diagnosed with HIV may also be diagnosed with AIDS in the same year or in a later year and their AIDS diagnosis will be counted in the AIDS diagnosis tables. Therefore, HIV and AIDS diagnoses cannot be added together in a meaningful way.

[3] Data excludes prison inmates. County of diagnosis usually reflects location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include prison inmates may be substantially higher than those that exclude inmates.

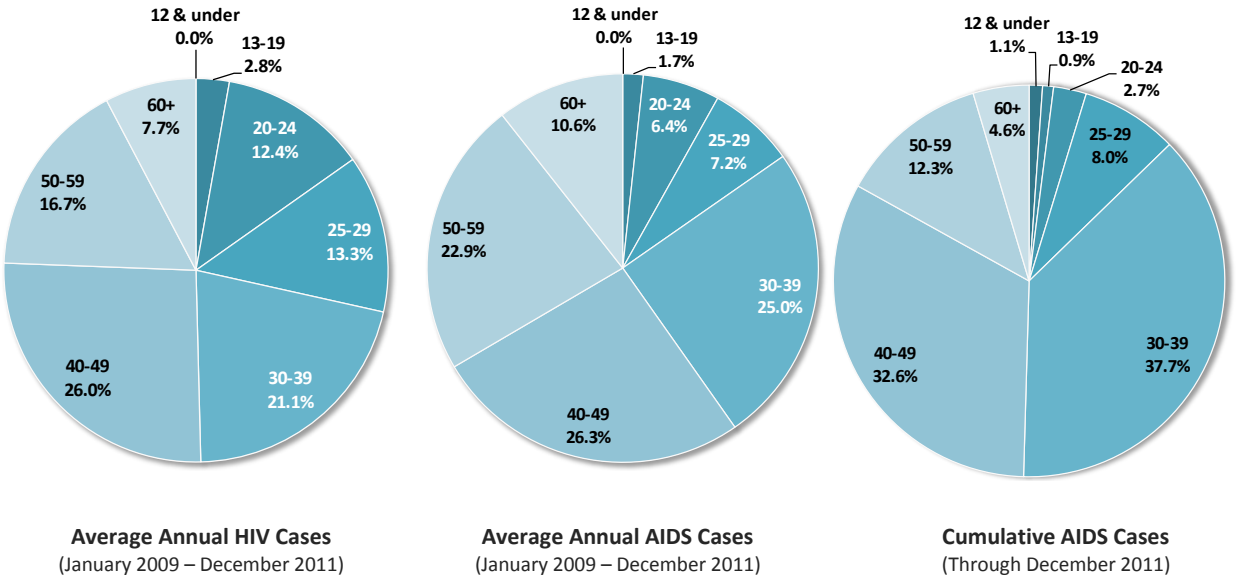
There were more males than females among those newly diagnosed with HIV and those newly diagnosed with AIDS. As reported by the New York State Department of Health, the average annual number of newly diagnosed HIV cases in Westchester County was 77 cases among males and 31 cases among females during January 2009 and December 2011. The average annual number of newly diagnosed AIDS cases was 56 among males and 22 among females. In December 2011, the cumulative number of AIDS cases living in Westchester County was 3,671 men and 1,524 women. (Figure 16)

Figure 16. Average Annual Number of Newly Diagnosed HIV and AIDS and Cumulative AIDS Cases by Sex, Westchester County, 2009 – 2011



More than half (50.4%) of the newly diagnosed HIV cases were over the age of 40 at diagnosis, 21.1% of newly diagnoses cases were between the ages of 30 and 39, and 28.5% were under the age of 30. (Figure 17)

Figure 17. Percentage Distribution of Newly Diagnosed HIV, AIDS, and Cumulative AIDS Cases by Age, Westchester County, 2009 – 2011



Average Annual HIV Cases (January 2009 – December 2011)

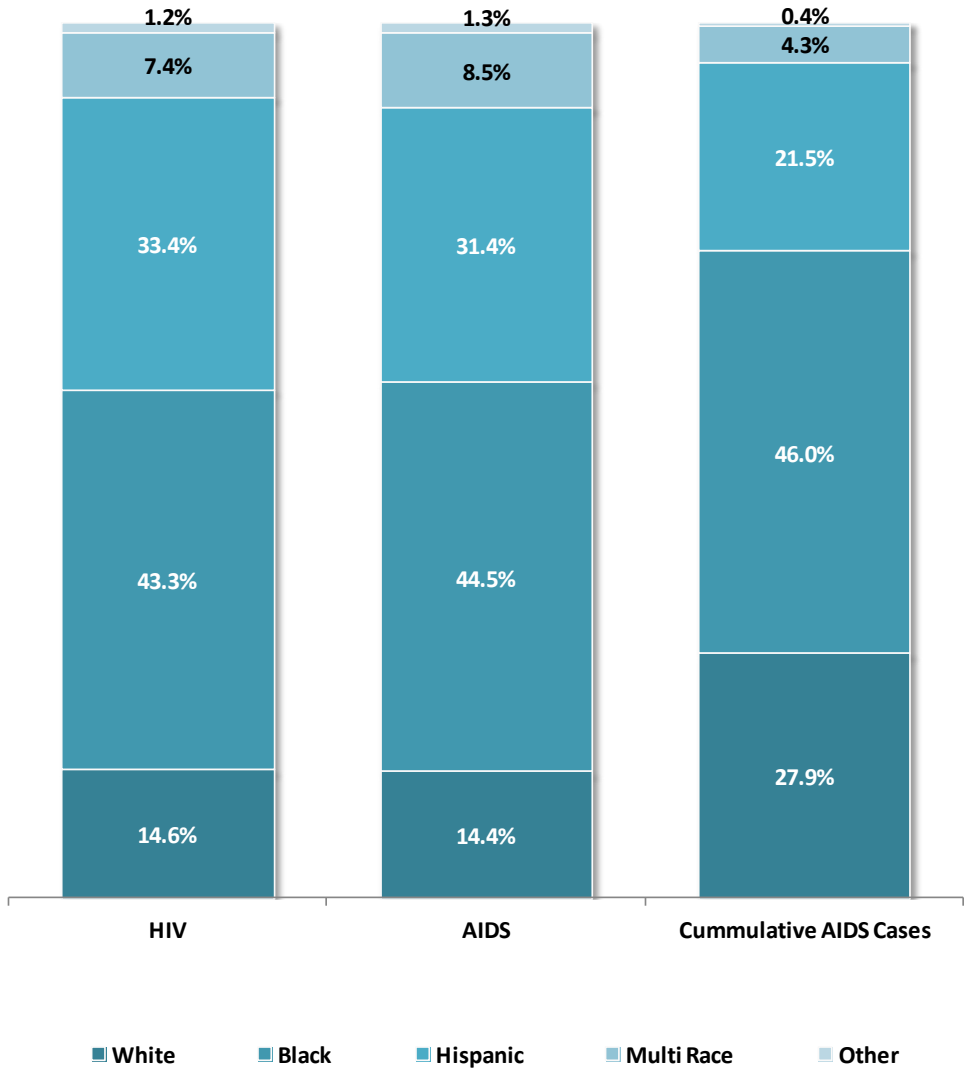
Average Annual AIDS Cases (January 2009 – December 2011)

Cumulative AIDS Cases (Through December 2011)

Among those newly diagnosed with AIDS, 15.3% were under the age of 30 years, more than half (51.3%) were between the ages of 30 and 49, and one-third were 50 years of age or older. As of December 2011, over 70% of the cumulative cases of AIDS were between 30 and 49 years of age, 12.7% were younger than 30 years, and 16.9% were 50 years or older. (Figure 17)

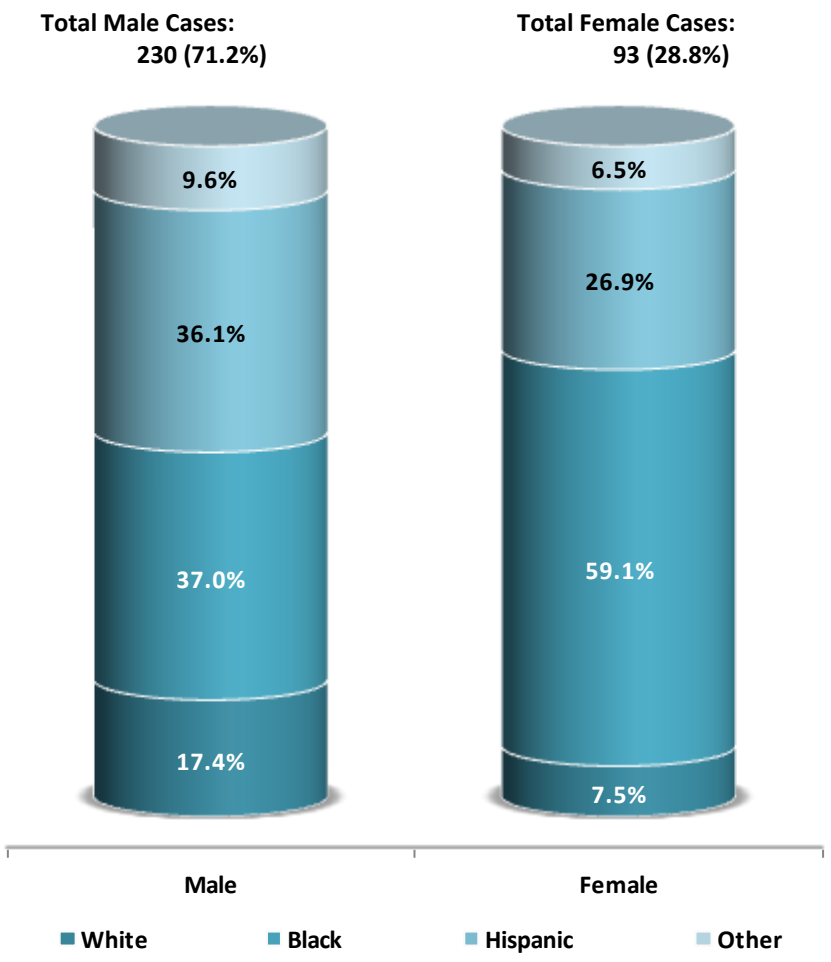
Over 43% of the newly diagnosed HIV cases were among non-Hispanic blacks, 33.4% were among Hispanics, and 14.6% were among non-Hispanic whites. This distribution was very similar for the newly diagnosed AIDS cases: 44.5% of the cases were among non-Hispanic blacks, 31.4% were among Hispanics, and 14.4% were among non-Hispanic whites. As of December 2011, among the cumulative cases living with AIDS, 46.0% were non-Hispanic blacks, 21.5% were Hispanic, and 27.9% were non-Hispanic whites. (Figure 18)

Figure 18. Percentage Distribution of Newly Diagnosed HIV, AIDS, and Cumulative AIDS Cases by Race/Ethnicity, Westchester County, 2009 – 2011



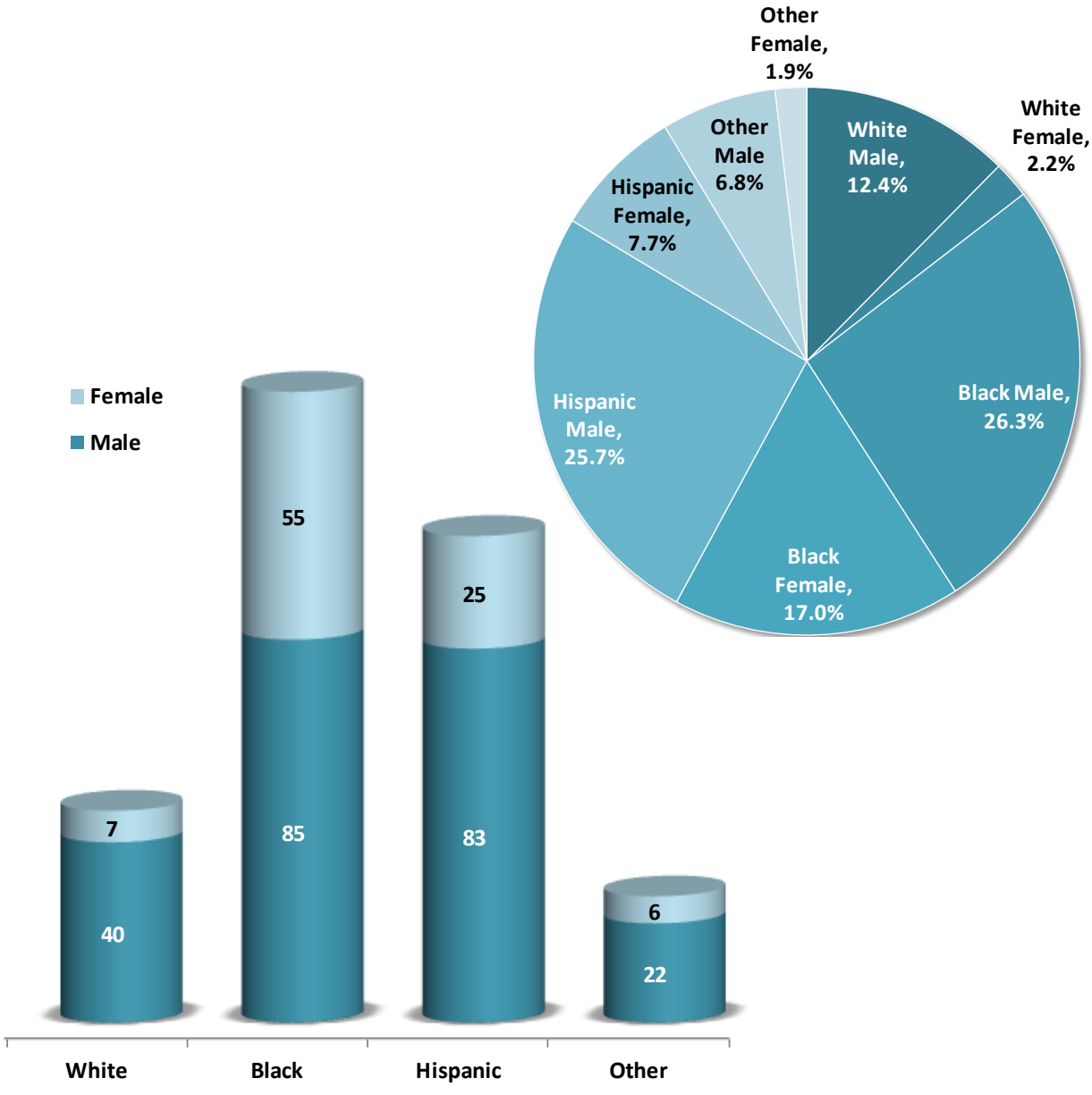
Among male HIV cases, 17.4% were white, 37.0% were black, and 36.1% were Hispanic. However, among female HIV cases, 7.5% were white, 59.1% were black, and 26.9% were Hispanic. (Figure 19)

Figure 19. Percentage Distribution of Total Newly Diagnosed HIV Cases by Sex and Race/Ethnicity, Westchester County, 2009-2011



Most of the newly diagnosed HIV cases were among blacks and Hispanics. (Figure 20)

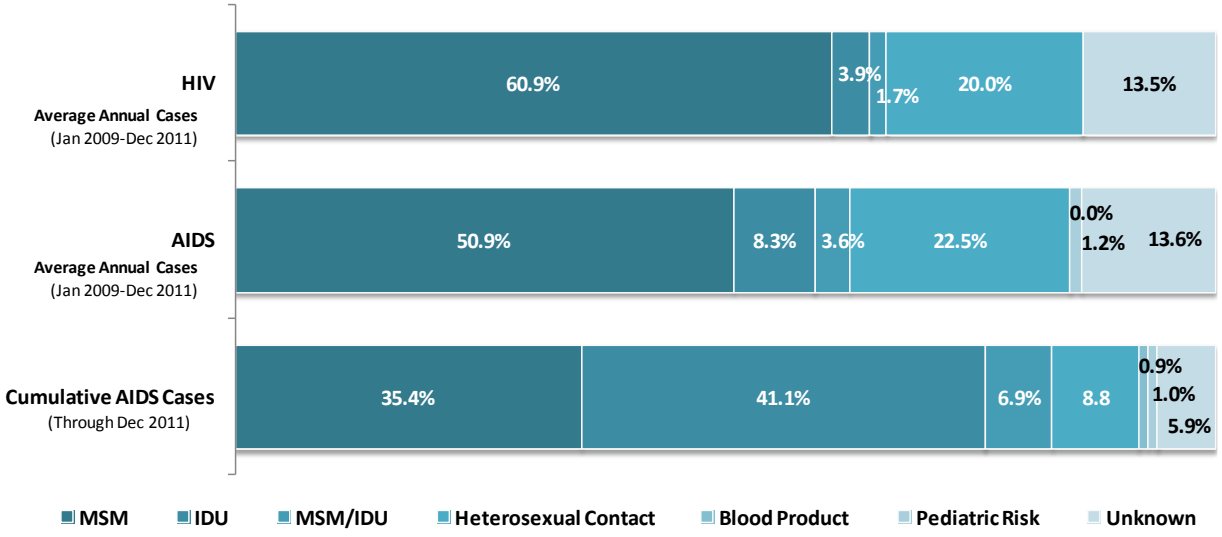
Figure 20. Number and Percentage Distribution of Total Newly Diagnosed HIV Cases by Sex and Race/Ethnicity, Westchester County, 2009-2011



Among the total HIV cases newly diagnosed during January 2009 through December 2011, 43.3% was among men who have sex with men (MSM), 3.4% were among injection drug users (IDU), 35.0% was due to heterosexual contact, and 7.4% were among females with presumed heterosexual contact (FPHC).

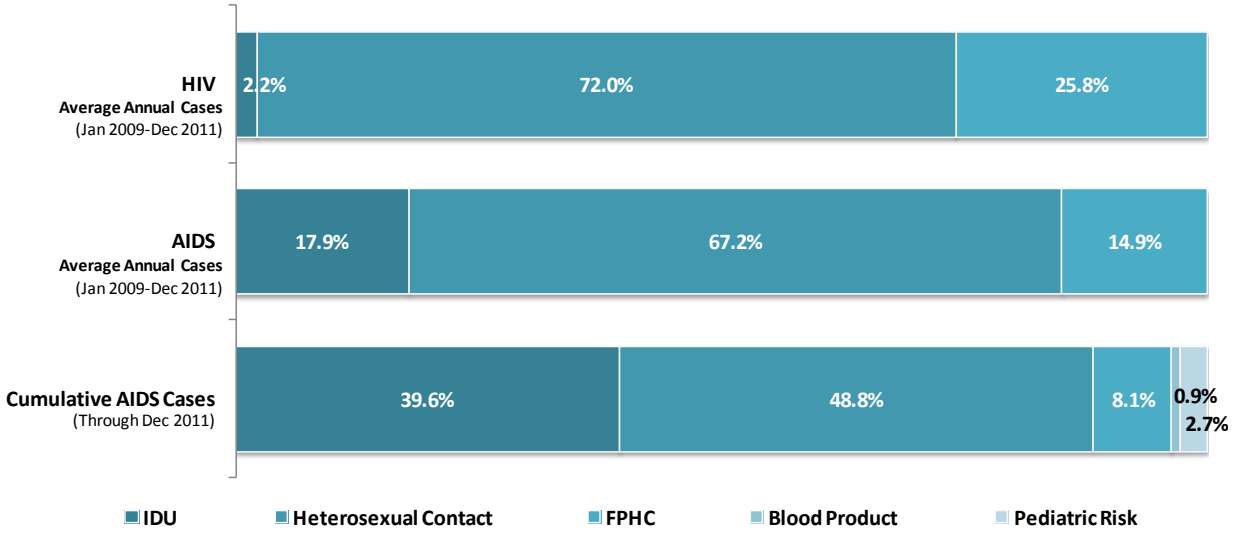
Among males diagnosed with HIV during January 2009 through December 2011, well over half (60.9%) of the cases were among men having sex with men (MSM). One in five (20.0%) of all new cases among males were caused by heterosexual contact. In contrast, 72.0% of all newly diagnosed HIV cases among females was due to heterosexual contact and another 25.8% was due to presumed heterosexual contact. (Figures 21 and 22)

Figure 21. Percentage Distribution of Newly Diagnosed HIV, AIDS and Cumulative AIDS Cases among Males by Risk, Westchester County, 2009 – 2011



During the same time period, among males diagnosed with AIDS, over half (50.9%) were among men having sex with men, 8.3% were IDUs, and just under one-quarter (22.5%) was attributed to heterosexual contact. Among the female cases diagnosed with AIDS between 2009 and 2011, 67.2% was due to heterosexual contact, 14.9% was due to presumed heterosexual contact, and 17.9% was due to injection drug use. (Figures 21 and 22)

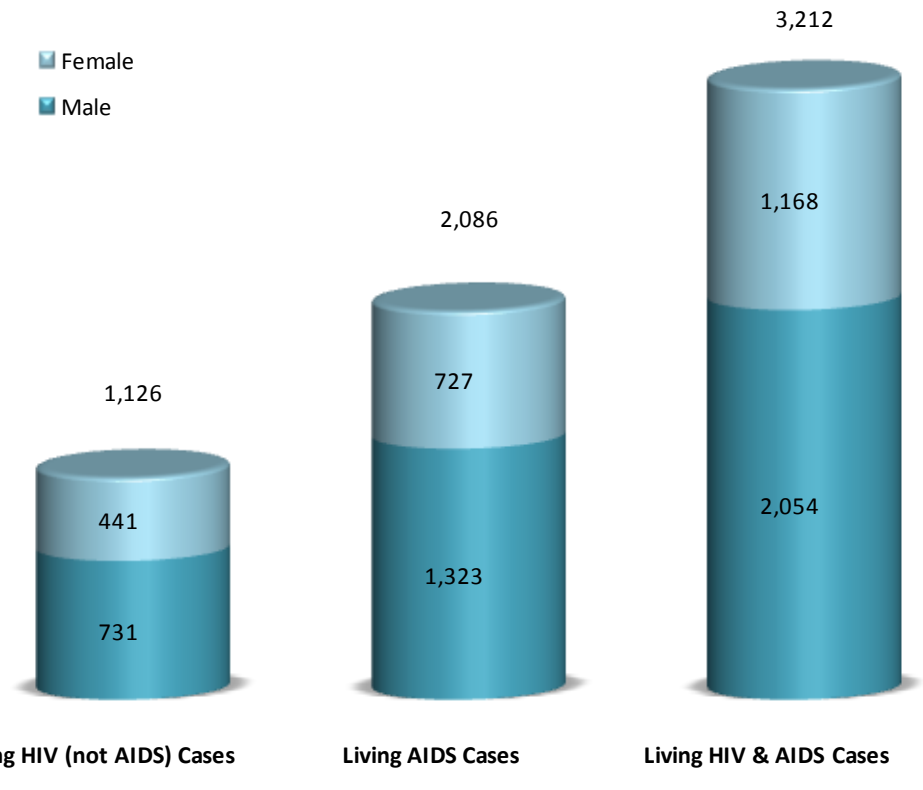
Figure 22. Percentage Distribution of Newly Diagnosed HIV, AIDS and Cumulative AIDS Cases among Females by Risk, Westchester County, 2009 – 2011



As of December 2011, there were 1,172 people living with HIV, non-AIDS (122.6 per 100,000) and 2,050 people living with AIDS (214.5 per 100,000) in Westchester County. Excluding New York City, Westchester County had the highest number of individuals living with HIV and/or AIDS among all New York State counties.

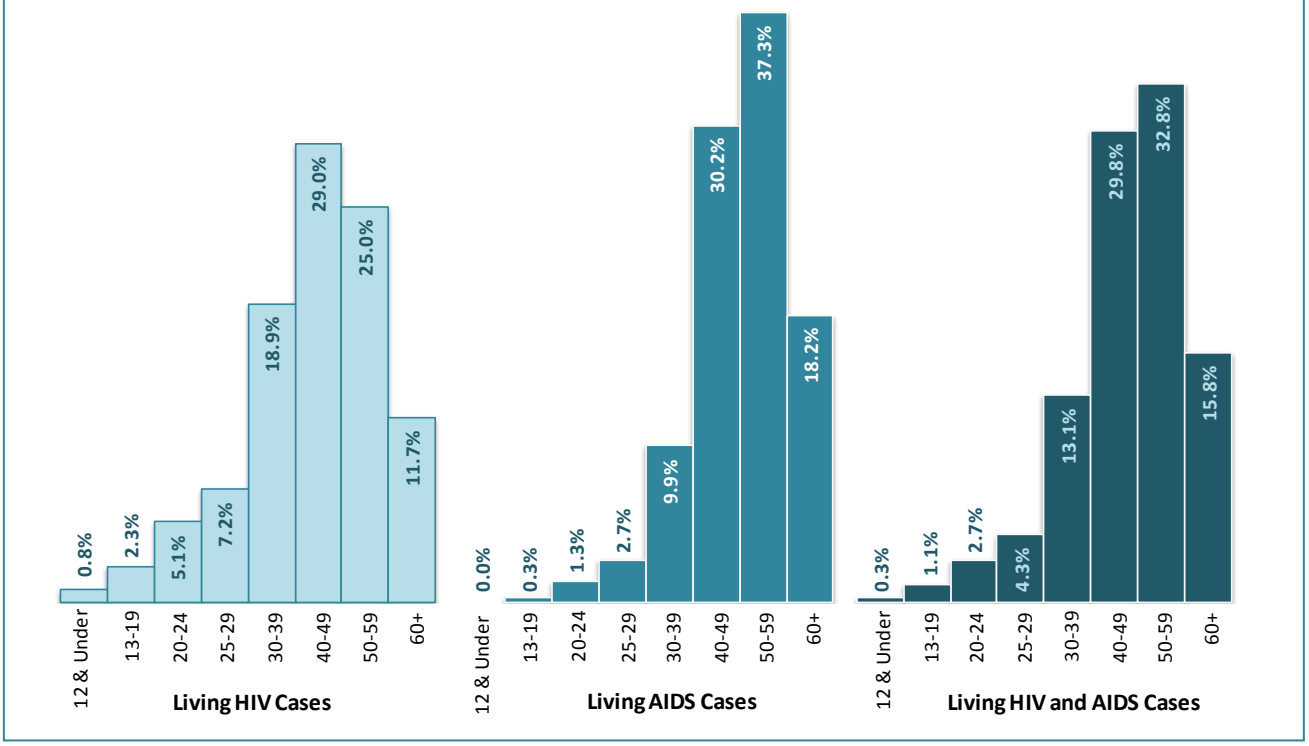
Among those living with HIV, 62.4% were males and 37.6% were females. Among those living with AIDS, 64.5% were males and 35.5% were females. (Figure 23)

Figure 23. Number of Living HIV and AIDS Cases by Sex, Westchester County, December 2011



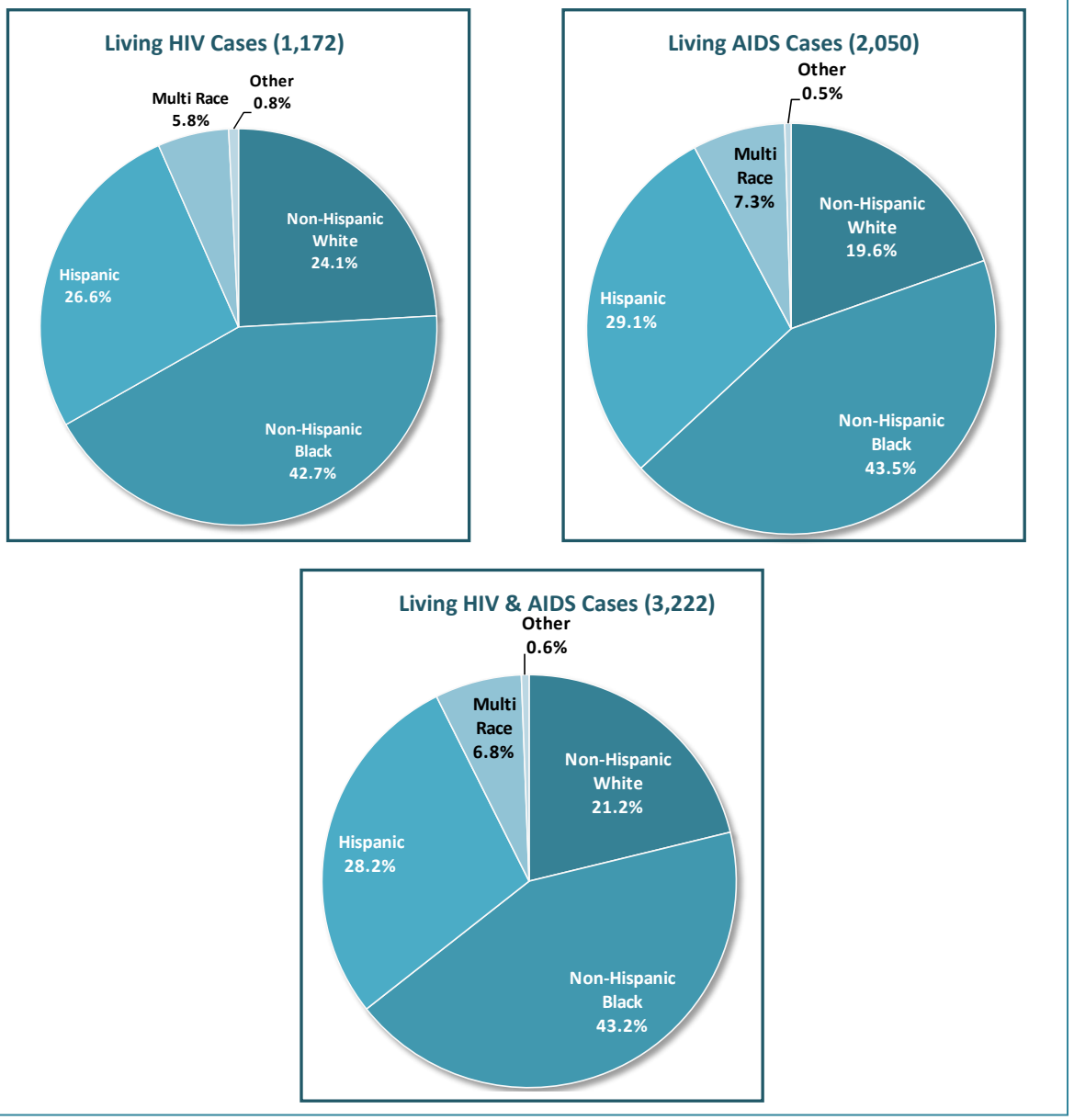
As of December 2011, 72.9% of those living with HIV were between the ages of 30 and 59. An additional 11.7% were 60 years or older and 15.4% were under the age of 30. Nearly 80% of all Westchester County residents living with AIDS were between the ages of 30 and 59. (Figure 24)

Figure 24. Percentage Distribution of Living HIV and AIDS Cases by Current Age, Westchester County, December 2011



Close to half (42.7%) of the individuals living with HIV were non-Hispanic blacks, whereas non-Hispanic whites and Hispanics comprised 24.1% and 26.6% of the remaining cases, respectively. Almost 6% of those living with HIV were classified as being of multiple races. The racial and ethnic composition of those living with AIDS was similar to those living with HIV: 43.5% were non-Hispanic black, 19.6% were non-Hispanic white, 29.1% were Hispanics, and 7.3% were of multiple races. (Figure 25)

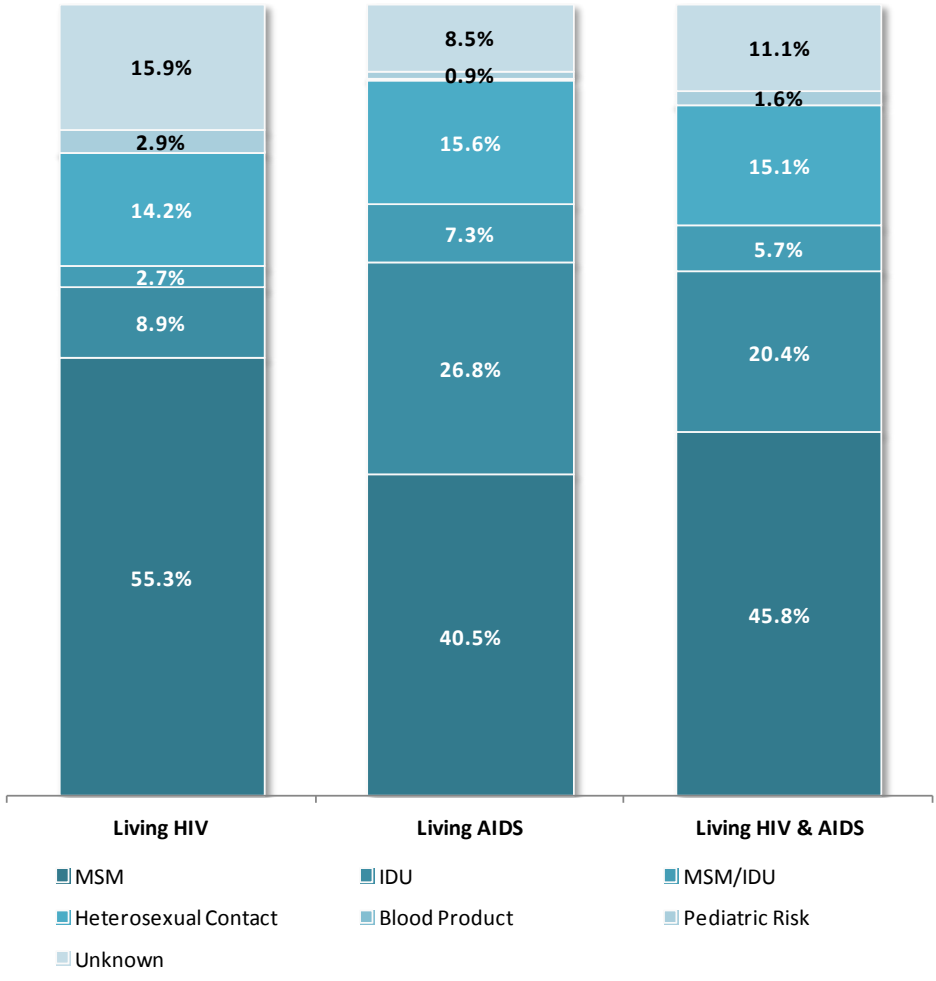
Figure 25. Percentage Distribution of Living HIV and AIDS Cases by Race/Ethnicity, Westchester County, December 2011



Of the total population living with HIV between January 2009 and December 2011, over one-third (34.5%) of cases were among men who have sex with men (MSM), just under one-third (32.0%) were among individuals who had heterosexual contact, and 9.4% were among injection drug users (IDUs). For males living with HIV, 55.3% of cases were among men who had sex with men, 14.2% of cases were due to heterosexual contact, and 8.9% were among injection drug users. (Figure 26)

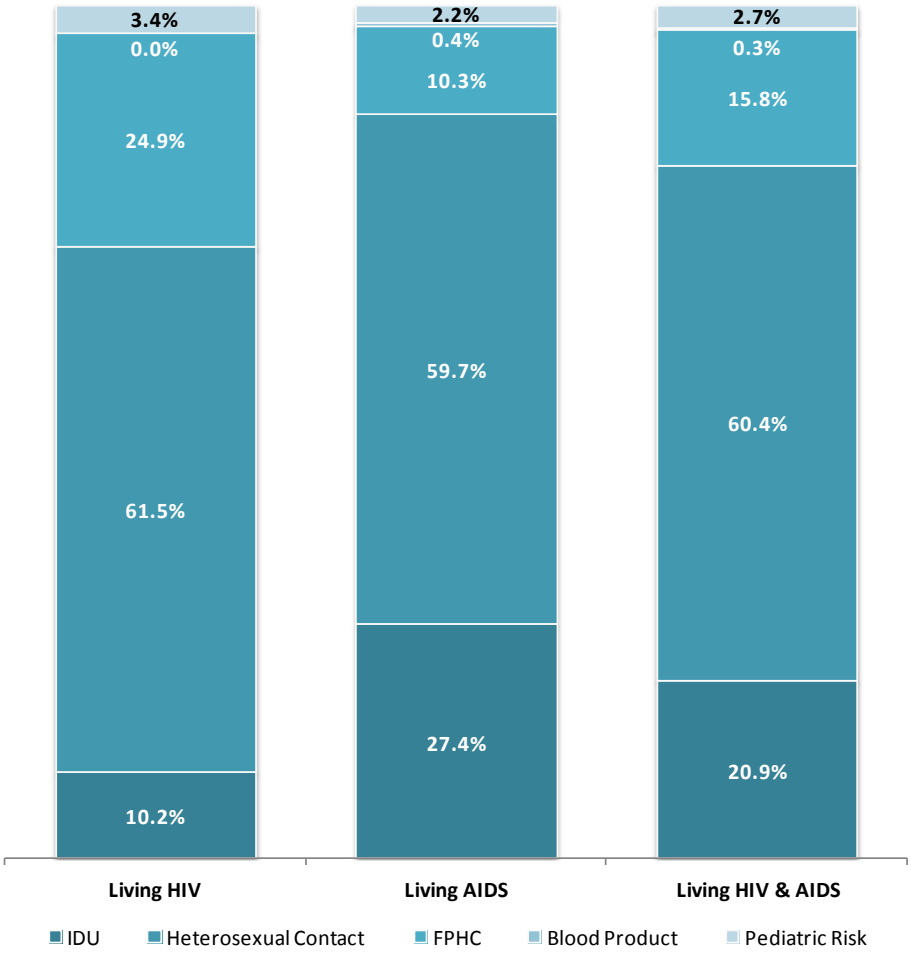
Among all individuals living with AIDS during the same time period, 27.0% of cases were among injection drug users, 31.2% were due to heterosexual contact, and approximately one-quarter (26.1%) of cases were among men who had sex with men. Among the male living AIDS cases, 40.5% were among men who had sex with men, another 26.8% contracted the virus through injection drug use, and 15.6% was due to heterosexual contact. (Figure 26)

Figure 26. Percentage Distribution of Living HIV and AIDS Cases among Males by Risk, Westchester County, December 2011



For women, however, 86.4% of those living with HIV contracted the virus through heterosexual contact or presumed heterosexual contact and 10.2% through injection drug use. Among females living with AIDS in Westchester County, 70.0% of cases were due to heterosexual contact or presumed heterosexual contact and 27.4% resulted from injection drug use. (Figure 27)

Figure 27. Percentage Distribution of Living HIV and AIDS Cases among Females by Risk, Westchester County, December 2011



Westchester County Department of Health (WCDH) works to prevent and control the spread of STDs and HIV/AIDS through its free and confidential walk-in STD clinics. In 2012, WCDH held STD clinics at District locations in White Plains and Yonkers. Collectively, clinic sessions were available four days a week including an evening session one day per week. The clinics provide free walk-in STD testing and treatment, as well as free HIV testing and counseling for all Westchester County residents.

A total of 1,839 clients were seen in the WCDH's STD clinics in 2012 with a total of 3,294 visits. Of all the STD cases diagnosed in Westchester County, 8.9% were tested and/or treated at WCDH clinics. A total of 2,108 clients received HIV testing and/or counseling in WCDH clinics; among these, 1,749 clients (83.0%) received HIV testing with 2,195 tests performed.

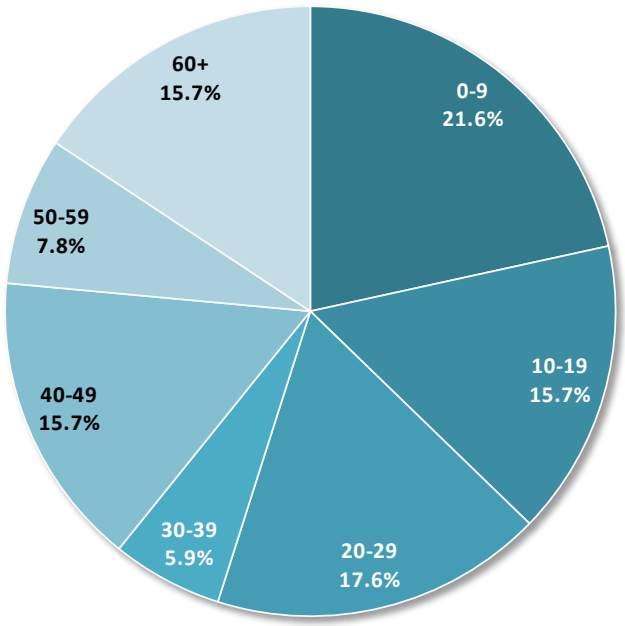
Central Nervous System (CNS) Diseases and Bacteremias

Infectious diseases affecting the central nervous system include bacterial and viral pathogens that may infect one or many locations in the body including the brain, spinal cord membranes (meningitis), and/or the bloodstream (bacteremias). In 2012, the most frequently reported diseases in this category were Meningitis and Invasive Streptococcus (Strep) Pneumoniae.

Meningitis is a disease caused by a bacterial or viral infection of the protective membranes covering the brain and spinal cord. Meningitis is also referred to as spinal meningitis. In 2012, 52 cases of meningitis were reported among Westchester County residents. Of these, 43 cases (82.7%) were aseptic meningitis, which is less severe than bacterial meningitis and does not require treatment of close contacts to the infected individual.

The majority of meningitis cases diagnosed in 2012 were adults, with 37.3% of the confirmed meningitis cases being among children aged 19 years or younger. (Figure 28)

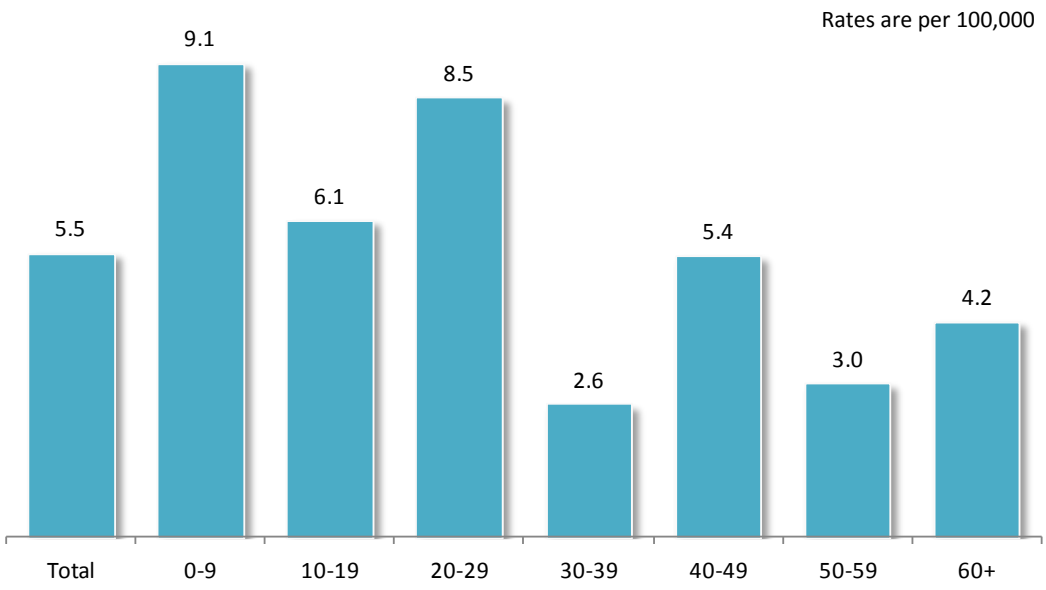
Figure 28. Percentage Distribution of Meningitis Infections by Age, Westchester County, 2012



Among the total population, there were 5.5 cases of meningitis per 100,000 county residents in 2012.

The age groups with the highest rates of meningitis infections were those aged 0 to 9 years, followed by those aged 20 to 29. (Figure 29)

Figure 29. Reported Rates of Meningitis Infections by Age, Westchester County, 2012

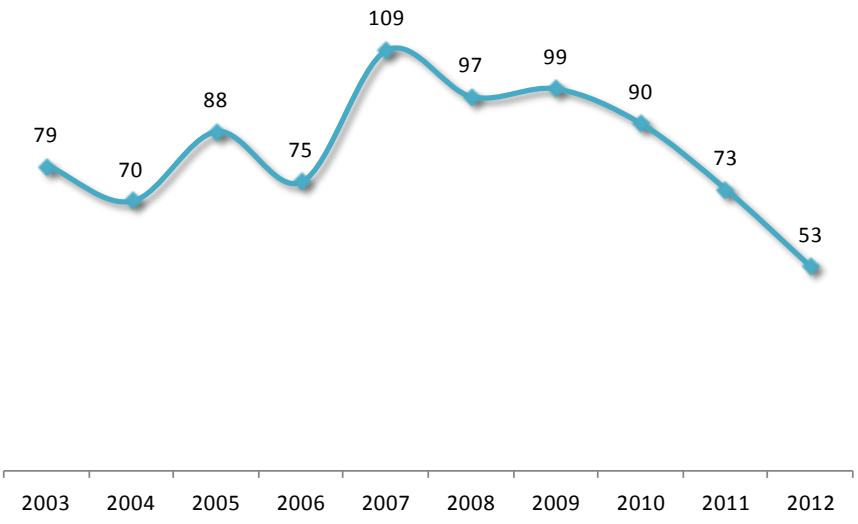


The distribution of meningitis infections between the genders was very similar. Twenty-four cases were male and 27 cases were female. Females had a slightly higher rate of infection compared to males (5.5 vs. 5.3 per 100,000).

Invasive streptococcus pneumoniae infection is caused by the bacterial pathogen Streptococcus pneumoniae, which is the most common cause of bacterial pneumonia and bacterial meningitis in the United States. The pathogen usually resides in a person's respiratory tract and is spread through respiratory droplets. Having the pathogen does not always result in illness; however, such a person may be a carrier and able to spread the disease to others.

In 2012, there were 53 cases of invasive streptococcus pneumoniae infection in Westchester County. Over the past ten years, the number of cases of invasive streptococcus pneumoniae has been declining since reaching a peak of 109 cases in 2007. (Figure 30)

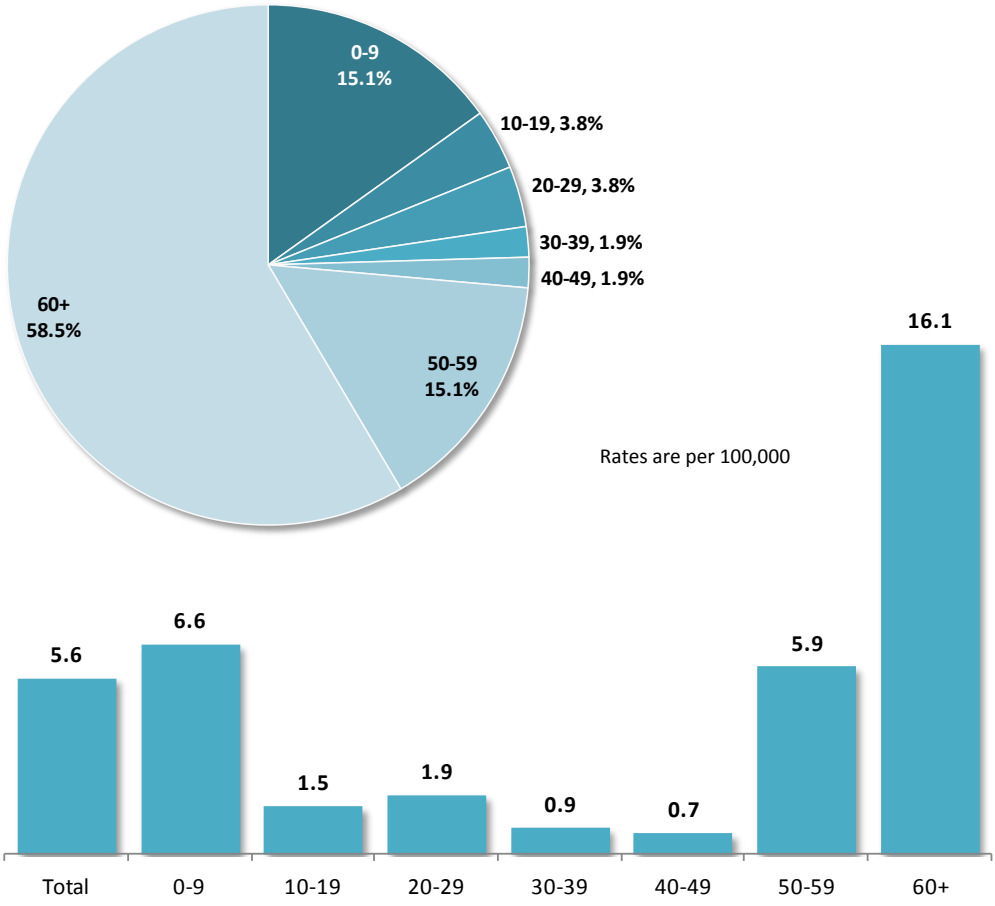
Figure 30. Number of Invasive Streptococcus Pneumoniae Infections, Westchester County, 2003-2012



The majority of cases (73.6%) occurred among adults aged 50 and older, with 58.5% among those aged 60 years and above. Approximately 19% of infections occurred in those under the age of 20. The rate of infection with Invasive Strep Pneumoniae was also highest in the oldest and youngest age groups. Among the total population, the rate of infection was 5.6 per 100,000 county residents. Among those aged nine years and younger the rate was 6.6 per 100,000, among those between the ages of 50 and 59 the rate was 5.9, and among 60 and older, the rate was16.1cases per 100,000. (Figure 31)

Invasive streptococcus pneumoniae infections were nearly evenly distributed between the sexes with females having a slightly higher overall rate of infection then compared to males (5.7 vs. 5.5 per 100,000).

Figure 31. Percentage Distribution and Rates of Invasive Streptococcus Pneumoniae Infections by Age, Westchester County, 2012



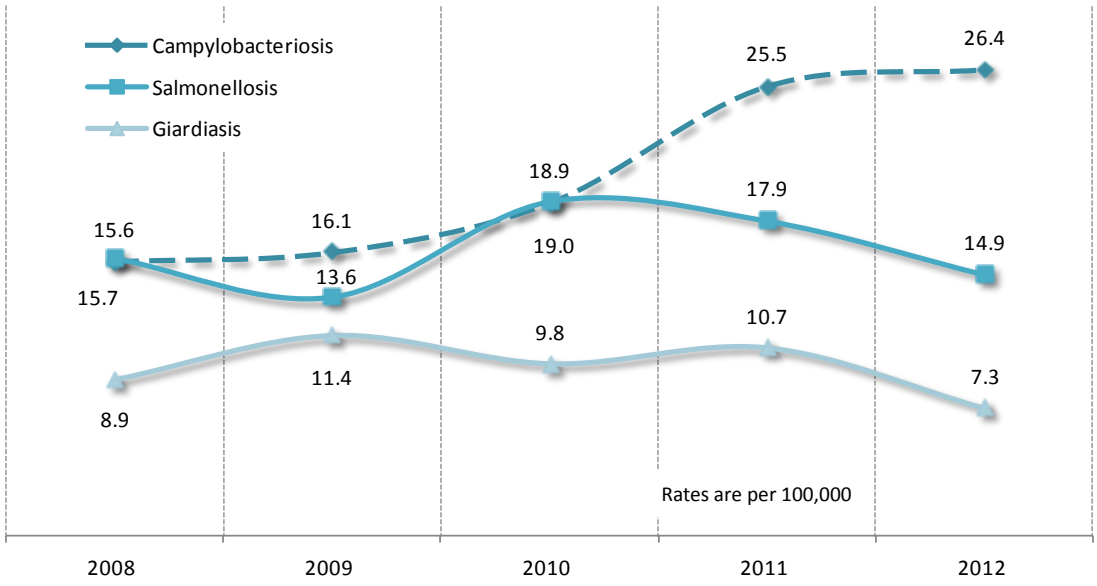
Enteric Diseases

Enteric infections enter the body through the mouth and intestinal tract and are usually spread through contaminated food and water or by contact with infected vomit or feces.

In 2012, the three most prevalent enteric diseases in Westchester County were Campylobacteriosis, Salmonellosis, and Giardiasis; with 251, 141, and 69 cases, respectively.

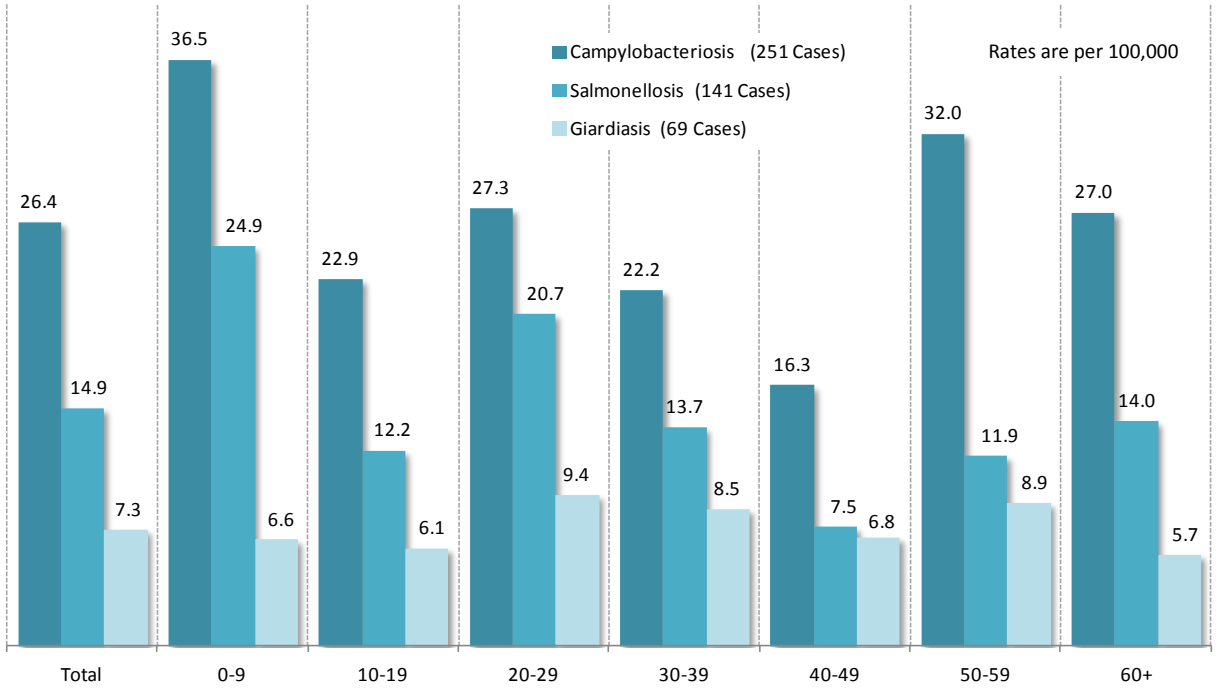
Over the past 5 years, the rate of Campylobacteriosis infections has risen from 15.6 cases per 100,000 to 26.4 per 100,000. The rates of Salmonellosis and Giardiasis have remained relatively unchanged between 2008 and 2012. (Figure 32)

Figure 32. Rates of Major Enteric Infections, Westchester County, 2008-2012



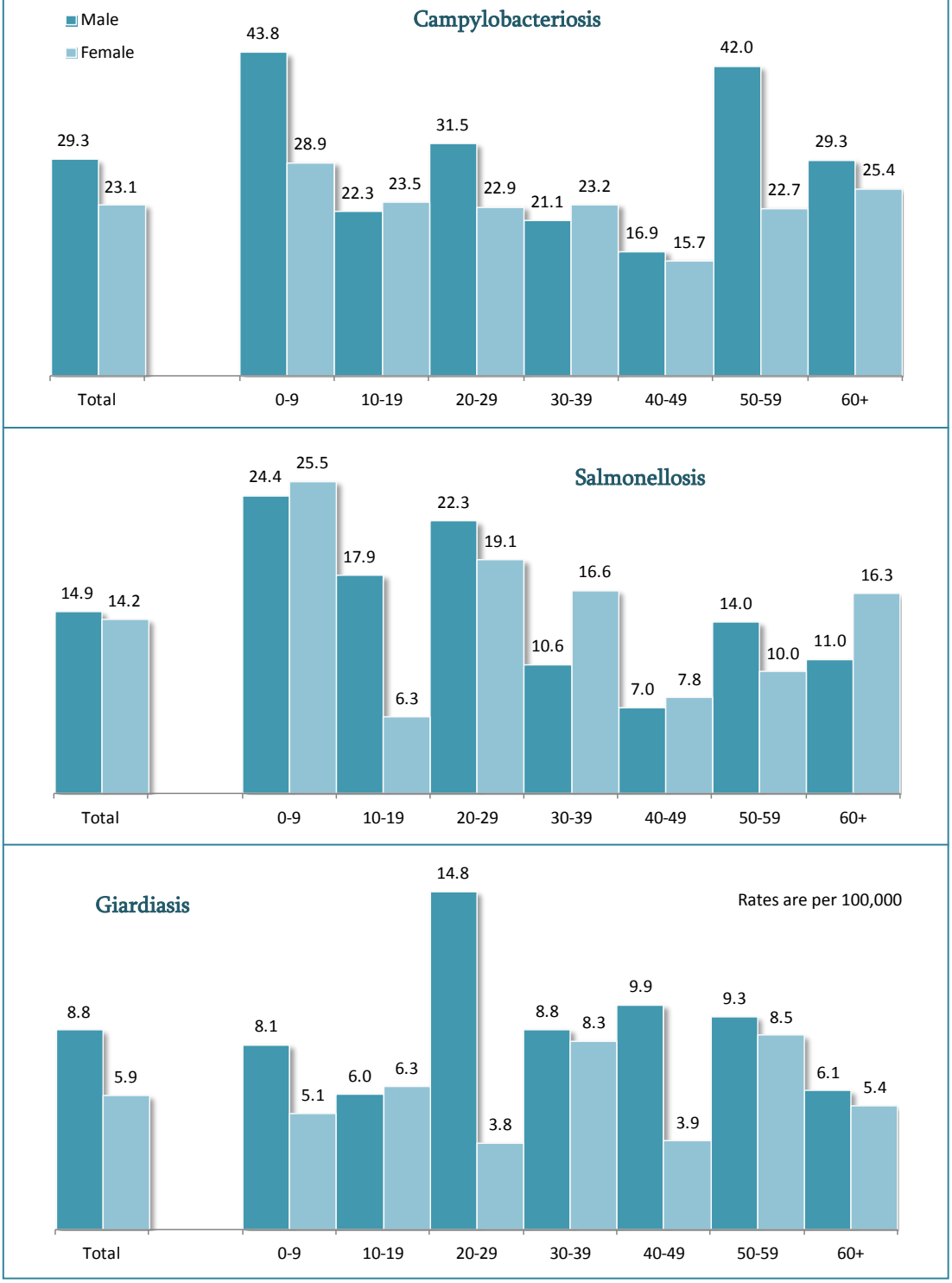
Among the total population, the rates of Campylobacteriosis, Salmonellosis, and Giardiasis were 26.4, 14.9, and 7.3 cases per 100,000, respectively. The rates of both Campylobacteriosis and Salmonellosis were highest among children aged 0 to 9 years. (Figure 33)

Figure 33. Rates of Major Enteric Infections by Age, Westchester County, 2012



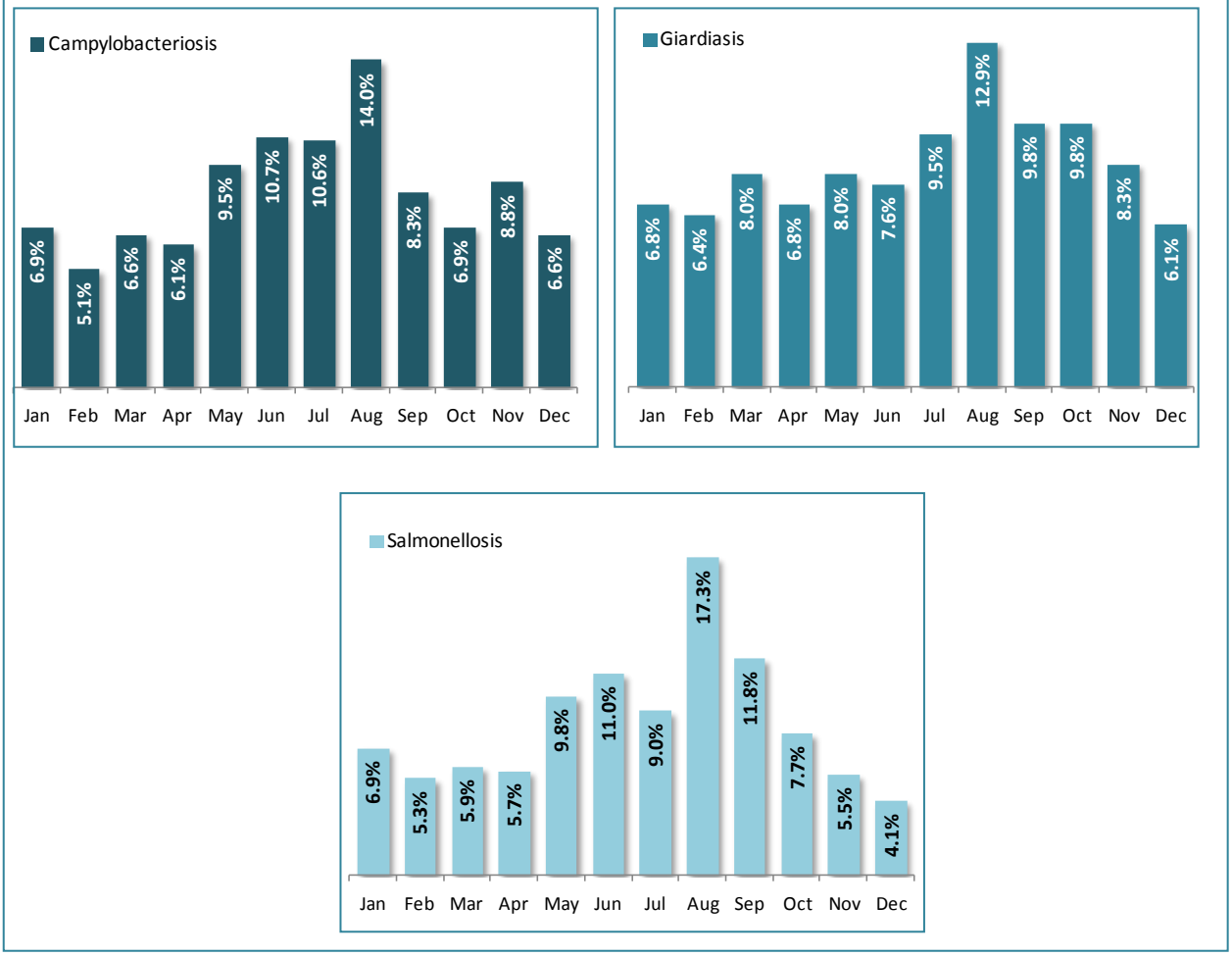
In general, rates of enteric infections were higher among males than females. (Figure 34)

Figure 34. Reported Rates of Major Enteric Infections by Age and Sex, Westchester County, 2012



Rates of foodborne illnesses undergo seasonal fluctuations. These infections are more prevalent in warmer months and begin to decline with the onset of colder weather. (Figures 35)

Figure 35. Average Percentage Distribution of Major Enteric Infections by Month, Westchester County, 2010-2012



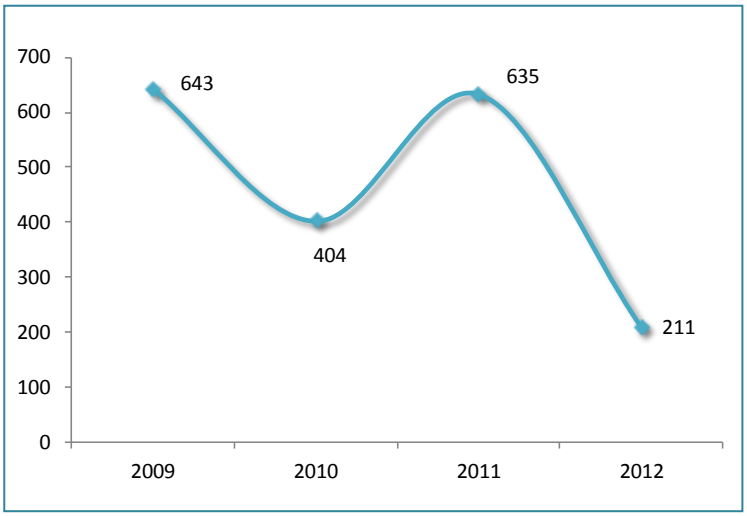
To reduce the spread of foodborne disease, the Westchester County Department of Health performed more than 12,000 regular and ad hoc inspections of restaurants and other food service establishments during 2012.

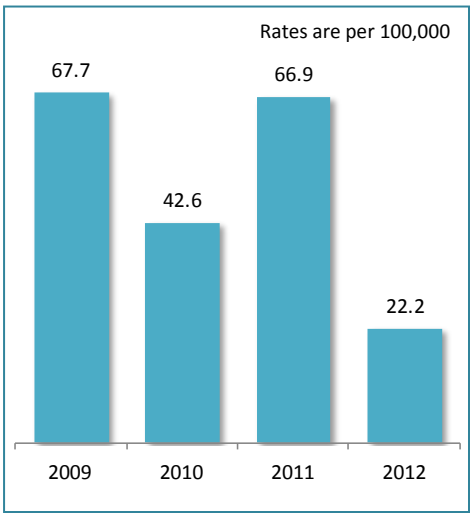
Vector-Borne Zoonoses

Transmission of an infectious disease can involve a vector or carrier. The most common vector-based disease in Westchester County is Lyme disease, which is transmitted by infected deer ticks. Lyme disease can cause symptoms that affect the skin, nervous system, heart, and joints. The most common indication of infection is a bulls-eye or solid rash (referred to as erythema migrans) close to the site of the bite.

In 2012, there were 71 confirmed cases of Lyme disease in Westchester County; most from the New York State designed Sentinel Surveillance System. Due to the large volume of Lyme disease cases in New York State, only a 20% random sampling of reported laboratory cases and 100% provider reports of erythema migrans are selected for follow-up. As a result, the data for reported Lyme disease infections presented in this report represent only a small sample of the true number of cases. The New York State Department of Health uses the data reported through the Sentinel Surveillance System to calculate an estimated total incidence of Lyme disease in Westchester County, which was 211 cases during 2012. (Figure 36)

Figure 36. Number and Rate of Lyme Disease Total Incidence*, Westchester County, 2009-2012

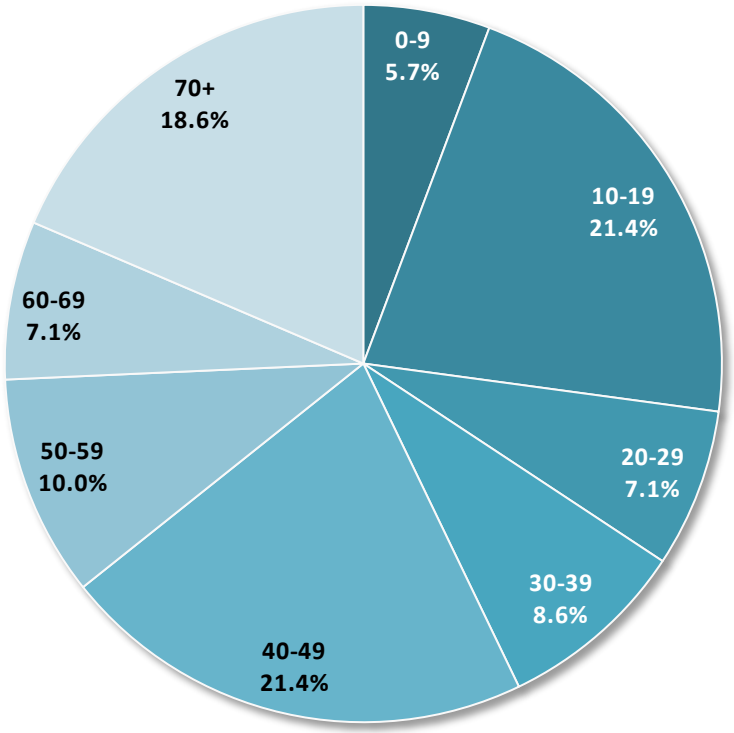




*Based on reports from the New York State Department of Health Lyme Disease Sentinel Surveillance System.

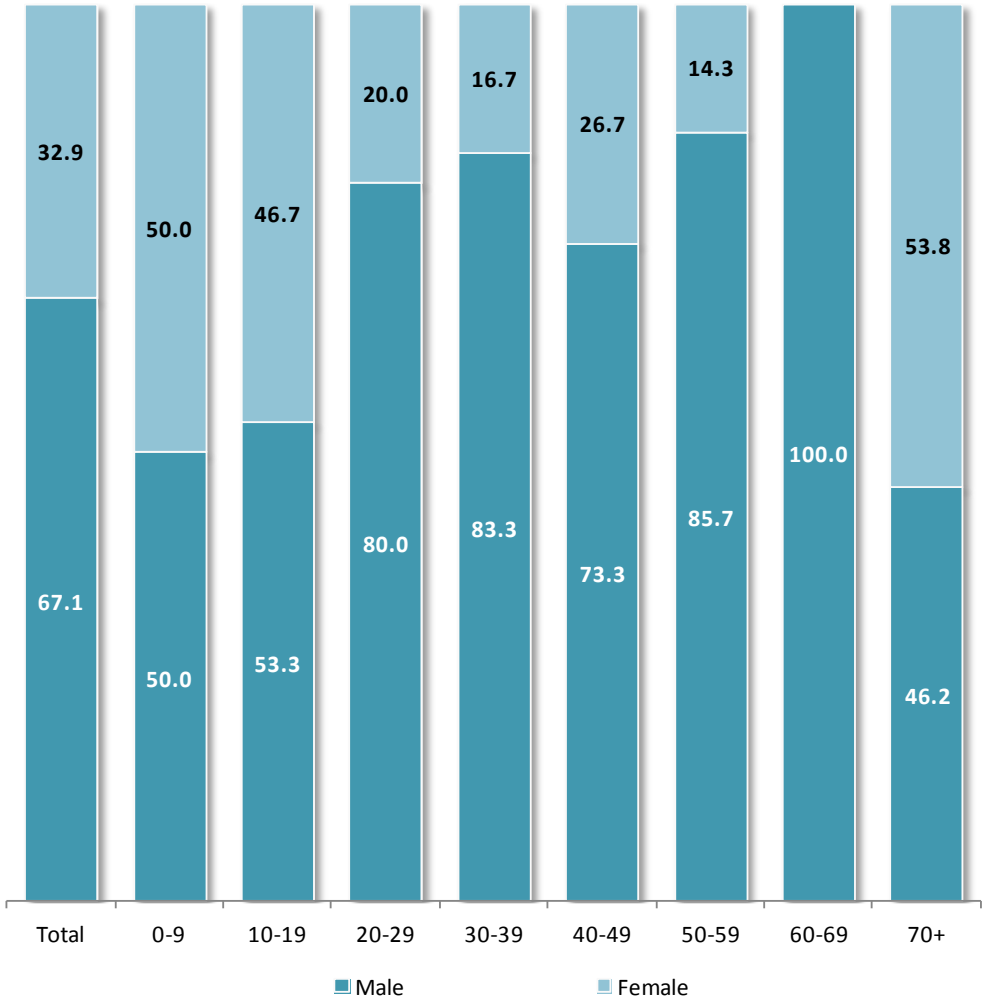
Of the confirmed cases of Lyme disease in 2012, 27.1% were under the age of 20 years, 15.7% were between the ages of 20 and 39, 21.4% were 40 to 49 years, and 35.7% were 50 years or older. (Figure 37)

Figure 37. Percentage Distribution of Reported Cases of Lyme Disease by Age, Westchester County, 2012



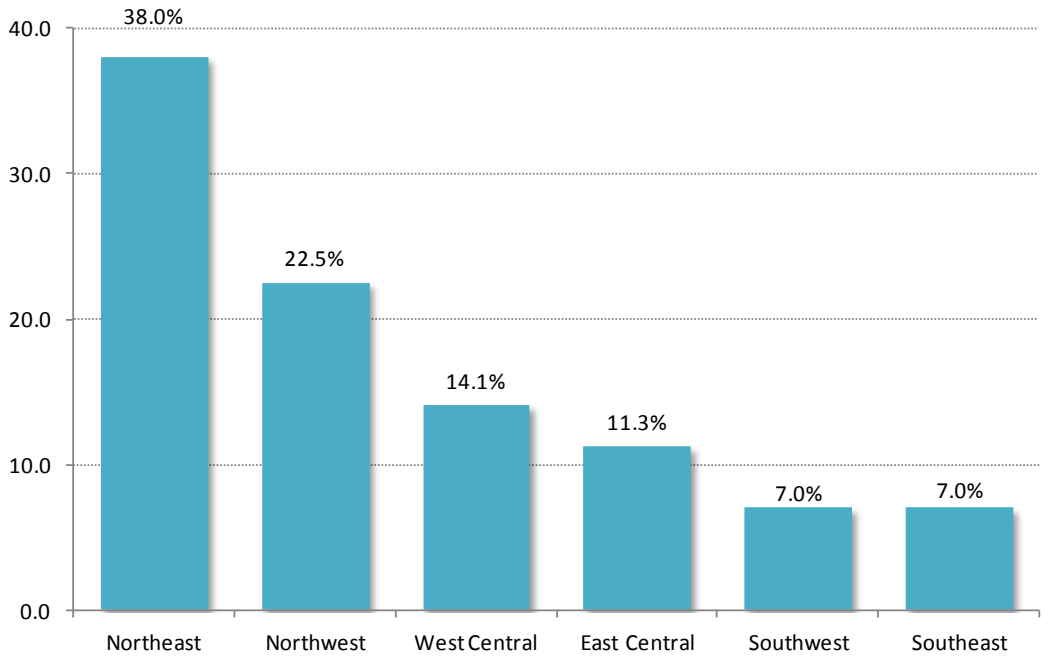
Male cases of Lyme disease outnumbered females two-to-one in 2012. And males made up a larger proportion of Lyme cases than females in every age group except those 70 and older and those under 10. (Figure 38)

Figure 38. Percentage Distribution of Reported Cases of Lyme Disease by Age and Sex, Westchester County, 2012.



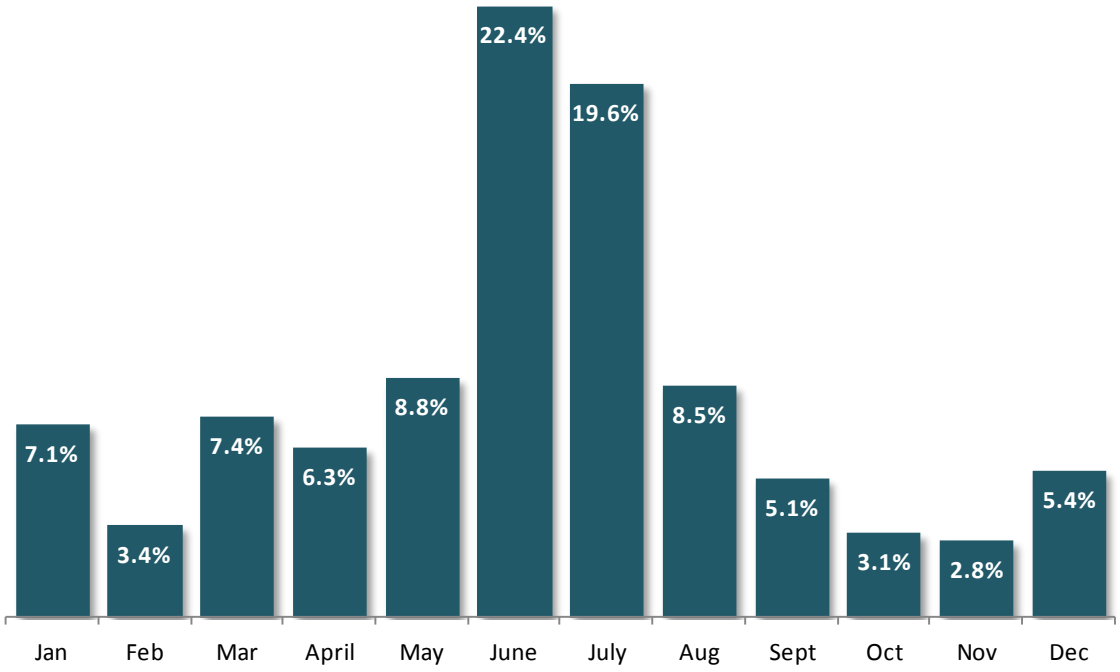
Over 60% of the reported cases of Lyme disease occurred in the two northern health planning regions. Over one-quarter of the Lyme cases were diagnosed among residents of the East Central and West Central regions of the County, and just 14% of cases occurred in the southernmost health planning regions. Lyme disease is historically less prevalent in the urban regions of the County. (Figure 39)

Figure 39. Percentage Distribution of Reported Cases of Lyme Disease by Health Planning Region, Westchester County, 2012



Lyme disease infections also display a seasonal pattern. The months with the greatest percentages of Lyme disease transmissions were June and July, coinciding with the months when residents are most likely to be outdoors and when the nymphal deer tick is actively feeding. (Figure 40) Humans primarily acquire the bacteria responsible for Lyme disease from deer tick nymphs because of their small size (less than 1/16th of an inch). Adult ticks are larger (1/8th of an inch) and more likely to be removed before the bacteria is transmitted.

Figure 40. Average Percentage Distribution of Reported Cases of Lyme Disease by Month, Westchester County, 2010-2012

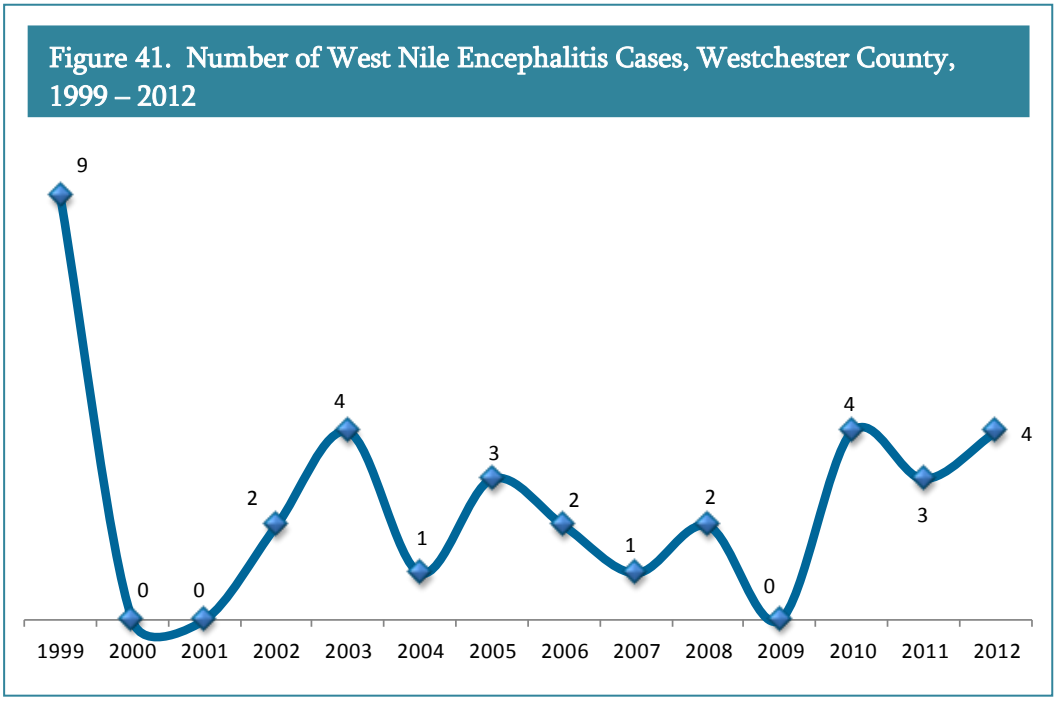


West Nile Virus (WNV) made its first appearance in the United States in New York City during the summer of 1999 and quickly spread to surrounding areas, including Westchester County.

The virus is transmitted from mosquito vectors to humans, birds, and other mammals. In very few individuals (1 in 150), WNV will cause encephalitis, a serious illness in which there is acute swelling of the brain. Symptoms may include high fever, headache, disorientation, coma, tremors, and convulsions and may last several weeks. These neurological effects can become irreversible. Up to 20% of people who become infected with WNV will have a milder form of encephalitis, with symptoms lasting from a few days to several weeks. Most people, however, (approximately 80%) will be asymptomatic.

A total of 35 confirmed human cases of West Nile encephalitis have been reported in Westchester County since 1999. (Figure 41) The number of West Nile encephalitis cases in Westchester County declined sharply after the initial peak of 9 human cases in 1999. Between 2000 and 2012, no more than 4 people have become infected with West Nile encephalitis each year.

Figure 41. Number of West Nile Encephalitis Cases, Westchester County, 1999 – 2012



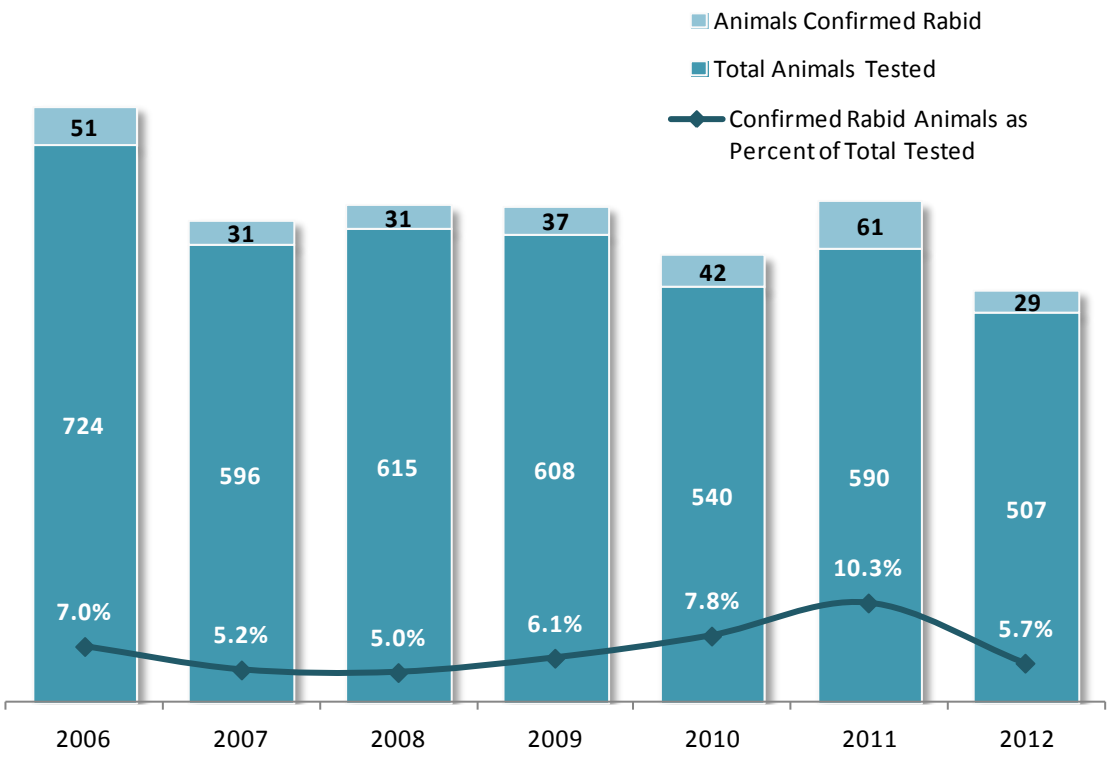
Westchester County Department of Health works diligently to reduce the threat of WNV by conducting extensive mosquito larviciding activities within the County. In 2012, WCDH inspected and/or treated approximately 55,100 catch basins and conducted mosquito surveillance and typing.

Zoonotic diseases are caused by infections that can be transmitted between animals and humans. Rabies is a deadly virus that lives in the saliva and brain tissue of an infected animal and is spread through bites, scratches, and contact with the infected animal. Because of the highly infective nature of the disease and its near 100% mortality rate if no medical intervention is obtained, rabies is the most closely monitored zoonotic disease in Westchester County.

Westchester County Department of Health closely monitors rabies exposures, with timely testing of suspected animals and prophylactic treatment of individuals who have come in contact with suspected rabid animals.

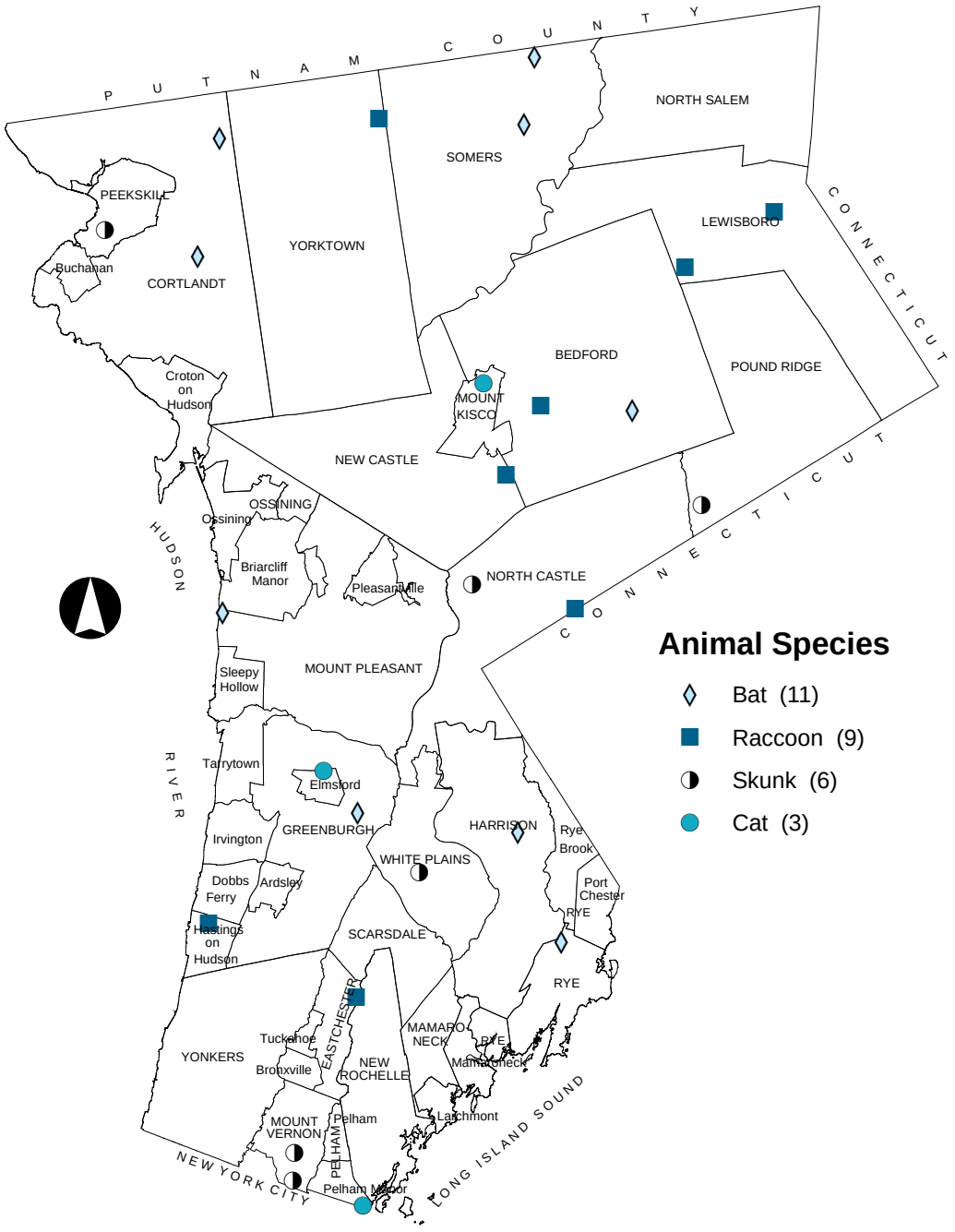
In 2012, 507 animals were tested for rabies with 29 being confirmed positive. (Figure 42)

Figure 42. Number and Percent of Animals Tested and Confirmed Rabid, Westchester County, 2006-2012



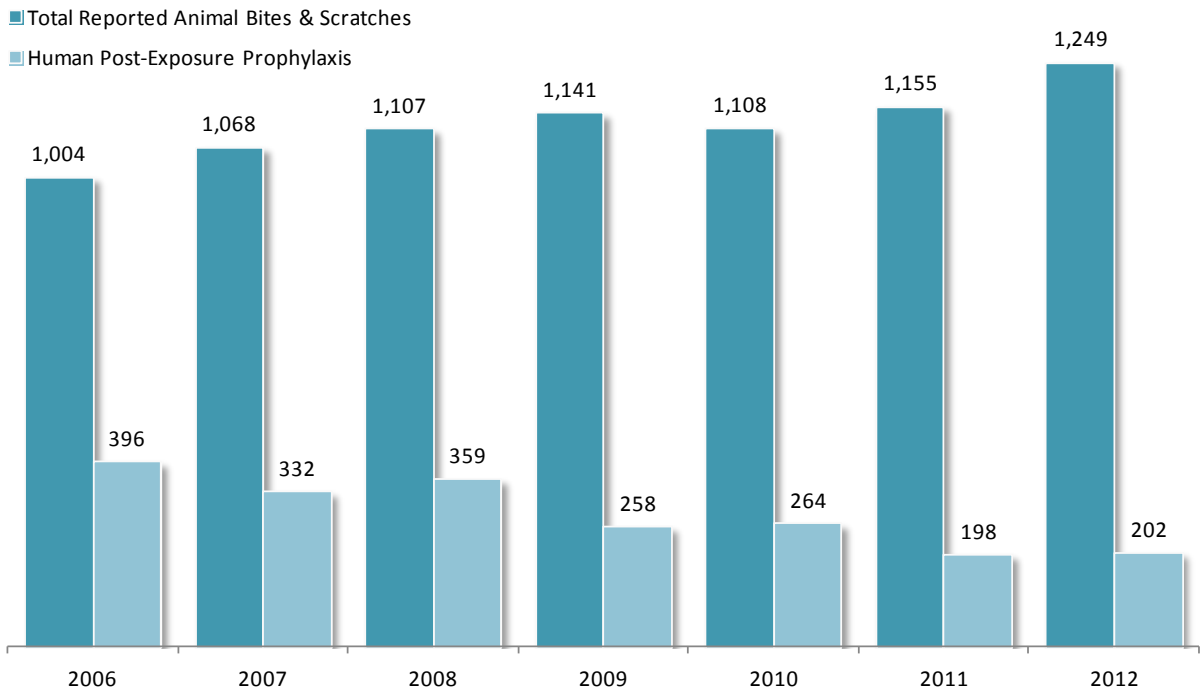
Historically, the animals most likely to test positive for rabies are bats, raccoons, and skunks. These three animals alone account for 90% of all laboratory confirmed rabid animals. Over the past 7 years raccoons made up an average of 50% of all animals testing positive for rabies, with bats and skunks making up another 23% and 17%, respectively. In 2012, rabid animals were captured throughout the county. (Figure 43)

Figure 43. Location and Species of Confirmed Positive Rabid Animals, Westchester County, 2012



In 2012, 1,249 animal bites and scratches were reported to the Department of Health. As a result, a total of 202 Westchester County residents were treated with post-exposure prophylaxis (PEP). (Figure 44)

Figure 44. Number of Reported Animal Bites and Scratches and Human Post-Exposure Prophylaxis, Westchester County, 2006-2012



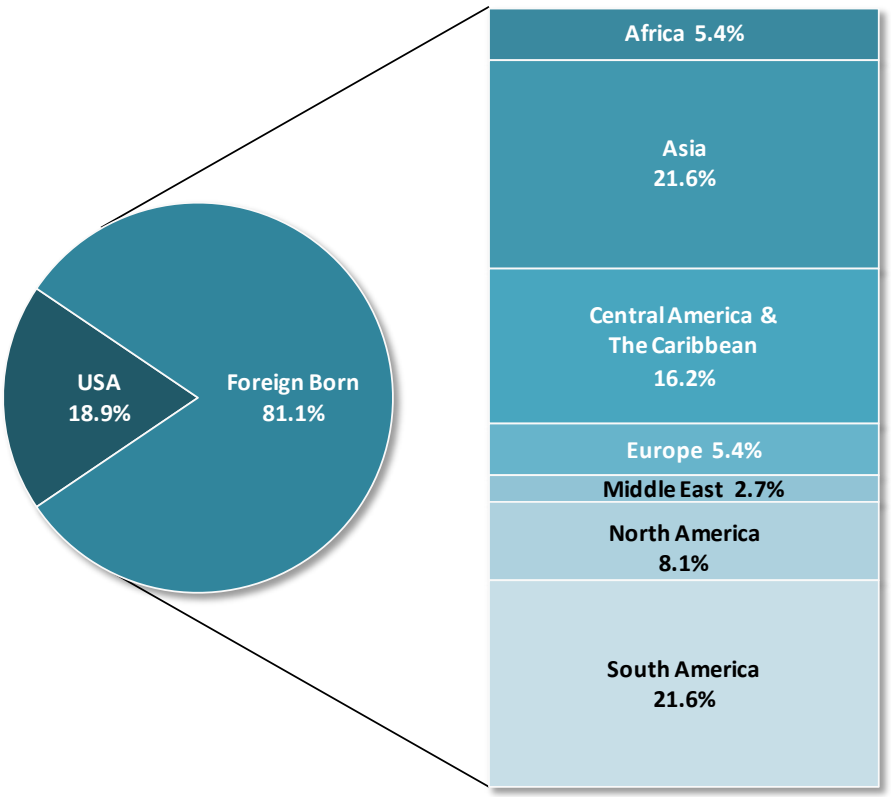
Rabies PEP treatment consists of local treatment of the wound followed by vaccine therapy which is initiated immediately after exposure. Vaccine therapy may be comprised of 4 to 5 intramuscular doses of rabies vaccination with or without human rabies immunoglobulin. The treatment administered depends on the contact type and severity of contact with the suspect animal as well as the species of animal.

Tuberculosis

Tuberculosis (TB) is a highly contagious air-borne disease that is spread by people with active, untreated TB infections of the lungs or throat. While TB usually affects the lungs, the disease can also cause illness in other parts of the body, including the brain, kidneys, or the spine. If left untreated it can become fatal.

In 2012, 37 new cases of TB were confirmed in Westchester County, 54.1% were male and 45.9% were female. Of the TB cases reported in 2012, 13.5% were identified as being resistant to at least one drug. The majority of TB patients were from foreign countries (81.1%), although 18.9% were born in the United States. (Figure 45)

Figure 45. Percentage Distribution of Tuberculosis Cases by Origin of Birth, Westchester County, 2012



Westchester County Department of Health operated two tuberculosis clinics in 2012 at its district offices in White Plains and Yonkers. The clinic provided treatment and medications to individuals infected with active TB at no cost to the patients. In 2012, WCDH provided TB services and medications to the 437 patients who were seen at the TB clinics during a total of 2,024 visits. In addition, WCDH conducted investigations of 233 people who had close contact with an individual with active TB and provided PPD testing (tuberculosis skin tests) to 485 people to assess for TB infection.

The standard of care for active TB treatment is Directly Observed Therapy (DOT), as recommended by the Centers for Disease Control and Prevention. A trained healthcare worker monitors the patient's intake of medication at the patient's home or other locations conducive to the needs and privacy of the patient. DOT is necessary for all active TB cases to ensure patients complete their entire therapy regimen, to monitor drug therapy response, to decrease the rates of drug resistance, and to improve the survival rates in those with HIV co-morbidity.

Directly Observed Preventive Therapy (DOPT) involves a trained healthcare worker monitoring the preventative therapy courses for latent TB patients and people who had contact with an active TB patient at the patients' homes or other locations. In addition to clinical services, WCDH provided DOT and DOPT services to 150 clients, with 5,264 visits conducted to clients' homes or other locations specified by the clients. (Table B)

Table A. Number of Clients Receiving DOT/DOPT Services and Number of DOT/DOPT Visits Received by Sex, Westchester County, 2012

Services	Patients			Number of Visits
	Total	Male	Female	
Total	150	77	73	5,264
DOT	118	65	53	4,701
DOPT	32	12	20	563

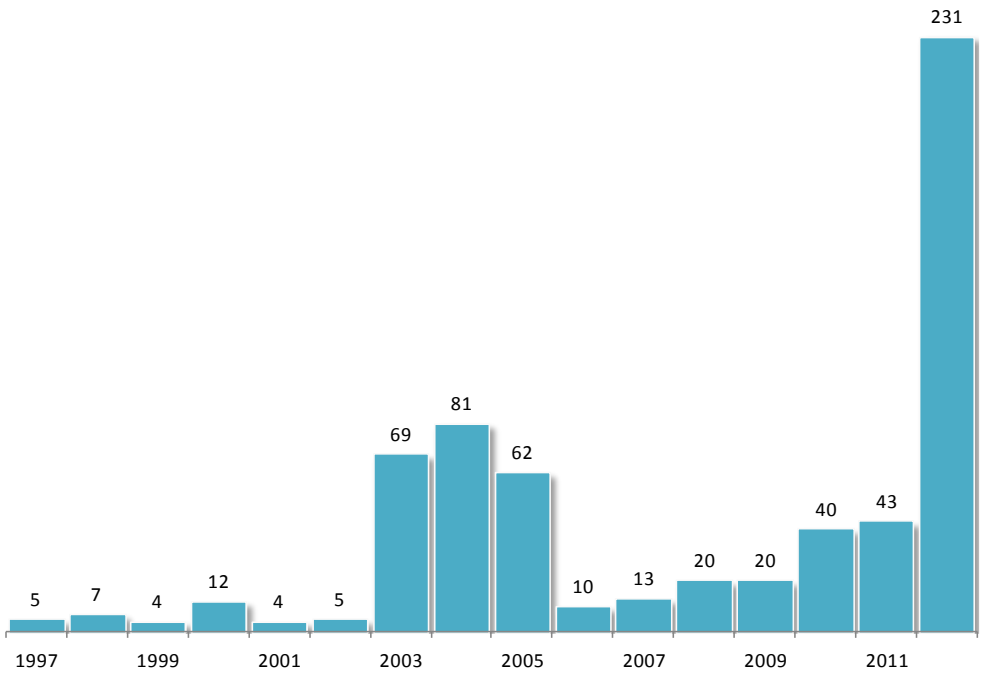
Vaccine Preventable Diseases

In 2002, the World Health Organization reported that approximately 1.4 million deaths among children under 5 years of age could have been prevented by routine vaccinations. Vaccinations are a front-line tool in infectious disease prevention and control. Through widespread immunization programs, many vaccine preventable diseases (VPDs) have been contained in the United States.

The most commonly reported VPD in Westchester County is Pertussis (Whooping Cough). Pertussis is highly contagious and begins with symptoms that are similar to the common cold. However, severe coughing appears after 1-2 weeks and can persist for up to 6 weeks. The classic whooping sound can be identified in older children and adults. Pertussis is particularly dangerous for young children and infants who can develop respiratory distress and difficulty breathing, usually requiring hospitalization for infants.

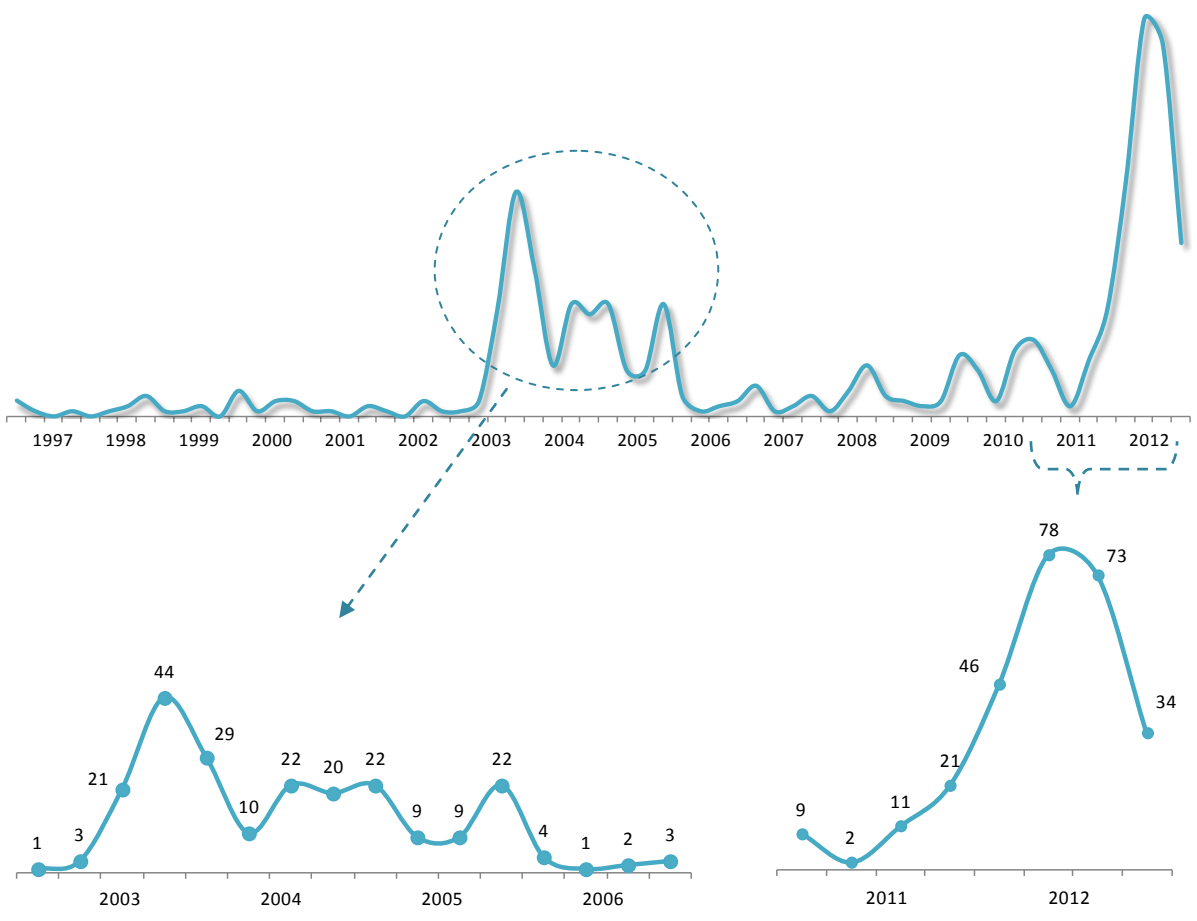
Outbreaks of Pertussis occur frequently with the number of cases peaking every 3 to 5 years. In 2012, 231 cases of Pertussis were reported in Westchester County, nearly 3 times as many as in 2004, the year in which the last peak occurred. (Figure 46)

Figure 46. Number of Reported Cases of Pertussis by Year, Westchester County, 1997-2012



After a peak in the number of Pertussis cases occurring between the winter of 2003 and spring of 2006, cases remained relatively low for the following five years, displaying a natural fluctuation throughout the succeeding seasons. However, the number of infections began to rise again in 2011 and reached the highest number of cases in fifteen years in the spring of 2012. (Figure 47)

Figure 47. Trend in Pertussis Cases by Quarter, Westchester County, 1997 - 2012



The vaccine for Pertussis in infants and children is the DtaP; for older children and adults it is the TdaP. The Pertussis vaccination is combined with the vaccinations for diphtheria and tetanus. Some vaccinations lose their effectiveness over time and revaccinations or booster shots may be required. A full schedule of vaccinations and recommendations appear in the appendix at the end of this report.

Tables

Table 1. Reported Cases and Rates of Reportable Communicable Diseases, Westchester County, 2008-2012

	Total Annual Cases					Rate* (per 100,000 persons)				
	2012	2011	2010	2009	2008	2012	2011	2010	2009	2008
Vaccine Preventable Diseases										
Measles	0	1	0	0	0	0.0	0.1	0.0	0.0	0.0
Mumps[1]	2	2	4	5	1	0.2	0.2	0.4	0.5	0.1
Pertussis[1]	231	43	40	20	20	24.3	4.5	4.2	2.1	2.1
Central Nervous System Diseases and Bacteremias										
Encephalitis[1]	7	6	7	4	5	0.7	0.6	0.7	0.4	0.5
West Nile Encephalitis [1]	*4*	*3*	*4*	*0*	*2*	0.4	*0.3*	*0.4*	*0.0*	*0.2*
Non-West Nile Encephalitis [1]	*4*	*3*	*3*	*4*	*3*	0.4	*0.3*	*0.3*	*0.4*	*0.3*
Haemorphilus Influenzae Type B	19	1	0	0	0	2.0	0.1	0.0	0.0	0.0
Listeriosis	5	4	6	9	7	0.5	0.4	0.6	0.9	0.7
Meningitis	52	52	47	81	44	5.5	5.5	5.0	8.5	4.6
Aseptic Meningitis	*43*	*37*	*32*	*63*	*19*	4.5	*3.9*	*3.4*	*6.6*	*2.0*
Meningococcal Diseases	*1*	*0*	*0*	*0*	*1*	0.1	*0.0*	*0.0*	*0.0*	*0.1*
Other Meningitis / Bacteremias	*8*	*15*	*15*	*18*	*24*	0.8	*1.6*	*1.6*	*1.9*	*2.5*
Group A Strep	22	21	27	25	30	2.3	2.2	2.8	2.6	3.2
Group B Strep	60	52	56	56	69	6.3	5.5	5.9	5.9	7.2
All Invasive Strep Pnumoniae	53	73	90	99	97	5.6	7.7	9.5	10.4	10.2
Invasive Strep Pnumoniae [2]	*48*	*67*	*88*	*97*	*93*	5.1	*7.1*	*9.3*	*10.2*	*9.8*
Drug Resistant Strep Pnumoniae	*5*	*6*	*2*	*2*	*4*	0.5	*0.6*	*0.2*	*0.2*	*0.4*
Enteric Infections										
Amebiasis	17	21	23	37	20	1.8	2.2	2.4	3.9	2.1
Calicivirus	154	9	0	0	0	16.2	0.9	0.0	0.0	0.0
Campylobacteriosis	251	242	179	153	148	26.4	25.5	18.9	16.1	15.6
Cryptosporidiosis	12	13	9	9	11	1.3	1.4	0.9	0.9	1.2
Cyclospora	2	3	3	4	2	0.2	0.3	0.3	0.4	0.2
Giardiasis	69	102	93	108	84	7.3	10.7	9.8	11.4	8.9
Hemolytic Uremic Syndrome	1	1	3	2	1	0.1	0.1	0.3	0.2	0.1
Salmonellosis[1]	141	170	180	129	149	14.9	17.9	19.0	13.6	15.7
Shigellosis[1]	22	39	33	39	26	2.3	4.1	3.5	4.1	2.7
STEC (E. Coli 0157)[1,3]	20	22	21	17	22	2.1	2.3	2.2	1.8	2.3
Trichinosis	0	0	1	0	0	0.0	0.0	0.1	0.0	0.0
Typhoid	4	5	1	0	1	0.4	0.5	0.1	0.0	0.1
Vibrio	10	4	1	6	0	1.1	0.4	0.1	0.6	0.0
Yersiniosis	3	0	2	1	1	0.3	0.0	0.2	0.1	0.1
Viral Hepatitis										
Hepatitis A[1]	9	9	8	7	14	0.9	0.9	0.8	0.7	1.5
Hepatitis B[1]	126	399	96	128	244	13.3	42.0	10.1	13.5	25.7
Hepatitis B Acute [1]	*6*	*10*	*3*	*3*	*9*	0.6	*1.1*	*0.3*	*0.3*	*0.9*
Hepatitis B Chronic [1]	*120*	*389*	*93*	*125*	*235*	12.6	*41.0*	*9.8*	*13.2*	*24.8*
Hepatitis B Infant Perinatal	*0*	*0*	*0*	*0*	*0*	0.0	*0.0*	*0.0*	*0.0*	*0.0*
Hepatitis C[1]	950	1,230	298	391	674	100.1	129.6	31.4	41.2	71.0
Hepatitis C, Acute [1]	*3*	*1*	*0*	*0*	*0*	0.3	*0.1*	*0.0*	*0.0*	*0.0*
Hepatitis C Chronic [1]	*947*	*1,229*	*298*	*391*	*674*	99.8	*129.5*	*31.4*	*41.2*	*71.0*
Hepatitis, Other	0	0	0	0	0		0.0	0.0	0.0	0.0

(continued)

Table 1. Reported Cases and Rates of Reportable Diseases, Westchester County, 2008-2012 *(continued)*

	Total Annual Cases					Rate* (per 100,000 persons)				
	2012	2011	2010	2009	2008	2012	2011	2010	2009	2008
Sexually Transmitted Diseases										
Chlamydia[4]	3,033	3,000	2,914	2,765	2,561	319.6	316.1	307.0	291.3	269.8
Gonorrhea[4,5]	623	523	474	376	377	65.6	55.1	49.9	39.6	39.7
Herpes Infant	1	0	4	0	0	0.1	0.0	0.4	0.0	0.0
Lymphogranuloma Venereum	0	0	2	3	2	0.0	0.0	0.2	0.3	0.2
Syphilis (All Stages)[4,6]	170	140	148	163	187	17.9	14.8	15.6	17.2	19.7
Early Syphilis	78	55	51	55	52	8.2	5.8	5.4	5.8	5.5
Primary and Secondary	*48*	*32*	*26*	*27*	*26*	5.1	*3.4*	*2.7*	*2.8*	*2.7*
Early Latent	*31*	*23*	*25*	*28*	*26*	3.3	*2.4*	*2.6*	*3.0*	*2.7*
Syphilis Other	92	85	97	108	135	9.7	9.0	10.2	11.4	14.2
Congenital Syphilis[7]	3	0	1	1	2	0.3	0.0	9.0	9.0	18.0
Tuberculosis	37	40	36	40	66	3.9	4.2	3.8	4.2	7.0
Vector-Borne Zoonoses										
Anaplasmosis[1]	24	1	15	31	28	2.5	0.1	1.6	3.3	3.0
Babesiosis[1]	12	49	37	59	36	1.3	5.2	3.9	6.2	3.8
Dengue Fever	6	1	14	0	6	0.6	0.1	1.5	0.0	0.6
Ehrlichiosis[1]	2	2	17	36	36	0.2	0.2	1.8	3.8	3.8
Anaplasmosis/Ehrlichiosis Undetermined	0	0	2	0	0	0.0	0.0	0.2	0.0	0.0
Lyme Disease[1,8]	71	167	114	207	263	7.5	17.6	12.0	21.6	27.6
NYSDOH Calculated Total Incidence[9]	*211*	*635*	*404*	*643*	--	22.2	66.9	42.6	67.7	--
Malaria	7	7	9	7	3	0.7	0.7	0.9	0.7	0.3
Q Fever	0	0	1	0	0	0.0	0.0	0.1	0.0	0.0
Rabies Post-Exposure Prophylaxis[10]	202	198	264	258	359	21.3	20.9	27.8	27.2	37.8
Rocky Mountain Spotted Fever	1	0	0	0	1	0.1	0.0	0.0	0.0	0.1
Other Diseases										
Legionellosis	25	29	16	22	31	2.6	3.1	1.7	2.3	3.3
Toxic Shock	1	0	5	5	2	0.1	0.0	0.5	0.5	0.2

[1] Includes probable cases.

[2] Invasive Strep Pneumoniae includes Invasive Strep Pneumoniae (Sensitive).

[3] (STEC) Shiga toxin producing E. coli may include non-0157 shiga producing strains of E. coli.

[4] Includes cases from Westchester County Correctional Facilities.

[5] PPNG (Penicillinase Producing N.gonorrhea) is included in Gonorrhea total.

[6] Total Syphilis excludes Congenital Syphilis.

[7] 2010 birth data was used to calculate the rate of congenital syphilis. Rates are per 100,000 live births.

[8] Lyme Disease totals include the number of confirmed cases from sentinel surveillance, erythmia migrans (EM) rash, and provider reporting. Sentinel Surveillance randomly extracts 20% of caes reported to WCDOH through the Electronic Clinical Laboratory Reporting System (ECLRS).

[9] The number of actual cases was extrapolated to generate estimates of the total number of Lyme Disease cases. Data is not available prior to 2009.

[10] Number of individuals for whom rabies post-exposure prophylaxis has been distributed by Westchester County Department of Health.

* Rates are calculated using the 2010 US Census.

Source: Westchester County Department of Health. Data as of May 2013.

Table 2. Number of Major Sexually Transmitted Diseases in Westchester County, New York State, and the United States, 2011

	Westchester County[1]		New York State[2]		New York State (excluding NYC)[2]		United States[3]	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Chlamydia	3,000	316.1	102,460	528.7	37,494	334.7	1,412,791	457.6
Gonorrhea	523	55.1	20,643	106.5	6,240	55.7	321,849	104.2
Syphilis (All Stages)	140	14.8	4,804	24.8	868	7.7	46,042	14.9
Primary & Secondary	*55*	*5.8*	*1,083*	*5.6*	*189*	*1.7*	*13,970*	*4.5*

[1] Source: Westchester County Department of Health. Data as of May 2013.

[2] Source: New York State Department of Health. Data as of September 2012.

[3] Source: Centers for Disease Control and Prevention. Data as of December 2012.

Table 3. Reported Cases and Rates of Chlamydia by Municipality, Westchester County, 2008-2012

Health Planning Region & Municipality	Total Cases					Rate (per 100,000)				
	2012	2011	2010	2009	2008	2012	2011	2010	2009	2008
Westchester County	**3,033**	**3,000**	**2,915**	**2,765**	**2,566**	**319.6**	**316.1**	**307.1**	**291.3**	**270.4**
Northwest	**356**	**373**	**382**	**315**	**281**	**242.9**	**254.5**	**260.6**	**214.9**	**191.7**
Briarcliff Manor	3	6	2	7	5	38.1	76.3	25.4	89.0	63.6
Buchanan	4	1	2	7	2	179.4	44.8	89.7	313.9	89.7
Cortlandt Manor	40	43	37	36	37	127.8	137.4	118.2	115.0	118.2
Croton-on-Hudson	11	13	13	5	7	136.3	161.1	161.1	62.0	86.7
Mount Pleasant	55	40	45	35	33	210.1	152.8	171.9	133.7	126.1
Ossining (Town)	7	6	5	6	6	129.5	111.0	92.5	111.0	111.0
Ossining (Village)	72	78	87	61	78	287.3	311.3	347.2	243.4	311.3
Peekskill	93	117	121	99	74	394.4	496.1	513.1	419.8	313.8
Pleasantville	34	31	34	35	15	484.4	441.7	484.4	498.6	213.7
Sleepy Hollow	37	38	36	24	24	374.9	385.0	364.7	243.2	243.2
Northeast	**169**	**157**	**143**	**138**	**129**	**123.6**	**114.8**	**104.6**	**100.9**	**94.3**
Bedford	19	18	17	15	8	109.6	103.8	98.1	86.5	46.1
Lewisboro	21	9	9	25	6	169.2	72.5	72.5	201.4	48.3
Mount Kisco	31	24	16	15	26	285.0	220.6	147.1	137.9	239.0
New Castle	22	19	15	10	9	125.2	108.1	85.4	56.9	51.2
North Castle	14	13	13	13	13	118.2	109.8	109.8	109.8	109.8
North Salem	6	3	5	3	0	117.6	58.8	98.0	58.8	0.0
Pound Ridge	2	3	0	2	2	39.2	58.8	0.0	39.2	39.2
Somers	18	23	21	16	17	88.1	112.6	102.8	78.3	83.2
Yorktown	36	45	47	39	48	99.8	124.7	130.3	108.1	133.0
West Central	**403**	**385**	**368**	**376**	**362**	**248.1**	**237.0**	**226.6**	**231.5**	**222.9**
Ardsley	4	2	6	2	1	89.8	44.9	134.8	44.9	22.5
Dobbs Ferry	35	45	33	31	26	321.8	413.8	303.4	285.1	239.1
Elmsford	18	26	22	20	16	385.9	557.5	471.7	428.8	343.1
Greenburgh	96	87	98	100	89	224.0	203.0	228.6	233.3	207.6
Hastings-on-Hudson	37	25	23	23	16	471.4	318.5	293.0	293.0	203.8
Irvington	8	5	13	17	28	124.6	77.9	202.5	264.8	436.1
Scarsdale	8	10	9	8	13	46.6	58.3	52.4	46.6	75.7
Tarrytown	26	20	26	21	14	230.6	177.4	230.6	186.2	124.1
White Plains	171	165	138	154	159	300.8	290.2	242.7	270.9	279.7

(continued)

Table 3. Reported Cases and Rates of Chlamydia by Municipality, Westchester County, 2008-2012 *(continued)*

Health Planning Region & Municipality	Total Cases					Rate (per 100,000)				
	2012	2011	2010	2009	2008	2012	2011	2010	2009	2008
East Central	**182**	**227**	**184**	**193**	**176**	**153.9**	**191.9**	**155.6**	**163.2**	**148.8**
Harrison	40	52	32	44	35	145.6	189.3	116.5	160.2	127.4
Larchmont	1	5	3	2	8	17.1	85.3	51.2	34.1	136.4
Mamaroneck (Town)	8	14	10	17	8	66.8	116.9	83.5	141.9	66.8
Mamaroneck (Village)	25	25	34	28	29	132.1	132.1	179.6	147.9	153.2
Port Chester	94	110	75	83	86	324.5	379.7	258.9	286.5	296.9
Rye	5	11	17	11	5	31.8	70.0	108.1	70.0	31.8
Rye Brook	9	10	13	8	5	96.3	107.0	139.1	85.6	53.5
Southwest	**936**	**896**	**903**	**808**	**721**	**477.6**	**457.2**	**460.8**	**412.3**	**367.9**
Yonkers	936	896	903	808	721	477.6	457.2	460.8	412.3	367.9
Southeast	**918**	**917**	**881**	**898**	**851**	**485.4**	**484.9**	**465.9**	**474.8**	**450.0**
Bronxville	10	2	5	5	8	158.2	31.6	79.1	79.1	126.5
Eastchester	19	18	16	14	6	97.2	92.1	81.8	71.6	30.7
Mount Vernon	616	608	638	633	598	915.4	903.5	948.1	940.7	888.7
New Rochelle	236	255	202	219	219	306.2	330.9	262.1	284.2	284.2
Pelham	20	17	5	17	5	289.4	246.0	72.4	246.0	72.4
Pelham Manor	3	9	3	4	5	54.7	164.1	54.7	72.9	91.1
Tuckahoe	14	8	12	6	10	215.8	123.3	185.0	92.5	154.2
Westchester County Correctional Facilities	61	41	49	34	43	--	--	--	--	--
Unknown Address	8	4	5	3	3	--	--	--	--	--

Source: Westchester County Department of Health. Data as of May 2013.

Table 4. Reported Cases and Rates of Gonorrhea by Municipality, Westchester County, 2008-2012

Health Planning Region & Municipality	Total Cases					Rate (per 100,000)				
	2012	2011	2010	2009	2008	2012	2011	2010	2009	2008
Westchester County	**623**	**523**	**474**	**376**	**377**	**65.6**	**55.1**	**49.9**	**39.6**	**39.7**
Northwest	**72**	**50**	**46**	**37**	**27**	**49.1**	**34.1**	**31.4**	**25.2**	**18.4**
Briarcliff Manor	0	0	1	2	0	0.0	0.0	12.7	25.4	0.0
Buchanan	0	0	1	0	0	0.0	0.0	44.8	0.0	0.0
Cortlandt Manor	12	4	3	6	5	38.3	12.8	9.6	19.2	16.0
Croton-on-Hudson	3	1	1	1	0	37.2	12.4	12.4	12.4	0.0
Mount Pleasant	10	8	5	4	6	38.2	30.6	19.1	15.3	22.9
Ossining (Town)	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Ossining (Village)	9	10	10	8	4	35.9	39.9	39.9	31.9	16.0
Peekskill	25	18	13	12	6	106.0	76.3	55.1	50.9	25.4
Pleasantville	10	6	8	2	6	142.5	85.5	114.0	28.5	85.5
Sleepy Hollow	3	3	4	2	0	30.4	30.4	40.5	20.3	0.0
Northeast	**22**	**9**	**10**	**10**	**13**	**16.1**	**6.6**	**7.3**	**7.3**	**9.5**
Bedford	2	0	1	1	0	11.5	0.0	5.8	5.8	0.0
Lewisboro	3	0	1	0	0	24.2	0.0	8.1	0.0	0.0
Mount Kisco	3	1	1	1	2	27.6	9.2	9.2	9.2	18.4
New Castle	1	1	0	1	0	5.7	5.7	0.0	5.7	0.0
North Castle	2	0	1	0	1	16.9	0.0	8.4	0.0	8.4
North Salem	0	0	0	2	0	0.0	0.0	0.0	39.2	0.0
Pound Ridge	1	0	1	0	0	19.6	0.0	19.6	0.0	0.0
Somers	3	4	1	1	2	14.7	19.6	4.9	4.9	9.8
Yorktown Heights	7	3	4	4	8	19.4	8.3	11.1	11.1	22.2
West Central	**80**	**61**	**52**	**44**	**48**	**49.3**	**37.6**	**32.0**	**27.1**	**29.6**
Ardsley	4	1	0	0	0	89.8	22.5	0.0	0.0	0.0
Dobbs Ferry	7	5	3	5	8	64.4	46.0	27.6	46.0	73.6
Elmsford	5	1	3	2	3	107.2	21.4	64.3	42.9	64.3
Greenburgh	17	14	17	12	13	39.7	32.7	39.7	28.0	30.3
Hastings-on-Hudson	7	4	3	3	5	89.2	51.0	38.2	38.2	63.7
Irvington	1	1	2	3	3	15.6	15.6	31.2	46.7	46.7
Scarsdale	0	2	1	2	0	0.0	11.7	5.8	11.7	0.0
Tarrytown	4	2	2	4	1	35.5	17.7	17.7	35.5	8.9
White Plains	35	31	21	13	15	61.6	54.5	36.9	22.9	26.4

(continued)

Table 4. Reported Cases and Rates of Gonorrhea by Municipality, Westchester County, 2008-2012 *(continued)*

Health Planning Region & Municipality	Total Cases					Rate (per 100,000)				
	2012	2011	2010	2009	2008	2012	2011	2010	2009	2008
East Central	**25**	**27**	**14**	**11**	**17**	**21.1**	**22.8**	**11.8**	**9.3**	**14.4**
Harrison	8	8	5	7	5	29.1	29.1	18.2	25.5	18.2
Larchmont	0	2	0	0	0	0.0	34.1	0.0	0.0	0.0
Mamaroneck (Town)	1	4	0	0	3	8.3	33.4	0.0	0.0	25.0
Mamaroneck (Village)	3	2	3	1	2	15.8	10.6	15.8	5.3	10.6
Port Chester	13	8	5	3	7	44.9	27.6	17.3	10.4	24.2
Rye	0	1	0	0	0	0.0	6.4	0.0	0.0	0.0
Rye Brook	0	2	1	0	0	0.0	21.4	10.7	0.0	0.0
Southwest	**185**	**159**	**142**	**97**	**97**	**94.4**	**81.1**	**72.5**	**49.5**	**49.5**
Yonkers	185	159	142	97	97	94.4	81.1	72.5	49.5	49.5
Southeast	**229**	**211**	**205**	**171**	**165**	**121.1**	**111.6**	**108.4**	**90.4**	**87.2**
Bronxville	1	0	1	1	1	15.8	0.0	15.8	15.8	15.8
Eastchester	0	2	0	1	2	0.0	10.2	0.0	5.1	10.2
Mount Vernon	178	156	166	130	126	264.5	231.8	246.7	193.2	187.2
New Rochelle	44	50	35	34	33	57.1	64.9	45.4	44.1	42.8
Pelham	3	2	1	2	1	43.4	28.9	14.5	28.9	14.5
Pelham Manor	0	1	2	1	1	0.0	18.2	36.5	18.2	18.2
Tuckahoe	3	0	0	2	1	46.3	0.0	0.0	30.8	15.4
Westchester County Correctional Facilities	8	6	5	6	10	--	--	--	--	--
Unknown	2	0	0	0	0	--	--	--	--	--

Source: Westchester County Department of Health. Data as of May 2013.

Table 5. Reported Cases and Rates of Syphilis (All Stages) by Municipality, Westchester County, 2008-2012

Health Planning Region & Municipality	Total Cases					Rate (per 100,000)				
	2012	2011	2010	2009	2008	2012	2011	2010	2009	2008
Westchester County	**170**	**140**	**148**	**163**	**187**	**17.9**	**14.8**	**15.6**	**17.2**	**19.7**
Northwest	**17**	**17**	**14**	**16**	**8**	**11.6**	**11.6**	**9.6**	**10.9**	**5.5**
Briarcliff Manor	0	2	0	0	0	0.0	25.4	0.0	0.0	0.0
Buchanan	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Cortlandt Manor	1	1	4	2	1	3.2	3.2	12.8	6.4	3.2
Croton-on-Hudson	2	0	0	0	1	24.8	0.0	0.0	0.0	12.4
Mount Pleasant	4	5	3	6	0	15.3	19.1	11.5	22.9	0.0
Ossining (Town)	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Ossining (Village)	2	4	3	2	3	8.0	16.0	12.0	8.0	12.0
Peekskill	6	3	1	5	2	25.4	12.7	4.2	21.2	8.5
Pleasantville	0	0	1	0	0	0.0	0.0	14.2	0.0	0.0
Sleepy Hollow	2	2	2	1	1	20.3	20.3	20.3	10.1	10.1
Northeast	**4**	**6**	**2**	**2**	**10**	**2.9**	**4.4**	**1.5**	**1.5**	**7.3**
Bedford	2	1	0	0	1	11.5	5.8	0.0	0.0	5.8
Lewisboro	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Mount Kisco	0	2	2	0	4	0.0	18.4	18.4	0.0	36.8
New Castle	0	0	0	1	2	0.0	0.0	0.0	5.7	11.4
North Castle	1	1	0	0	1	8.4	8.4	0.0	0.0	8.4
North Salem	1	0	0	0	0	19.6	0.0	0.0	0.0	0.0
Pound Ridge	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Somers	0	1	0	0	0	0.0	4.9	0.0	0.0	0.0
Yorktown Heights	0	1	0	1	2	0.0	2.8	0.0	2.8	5.5
West Central	**38**	**17**	**19**	**30**	**20**	**23.4**	**10.5**	**11.7**	**18.5**	**12.3**
Ardsley	0	1	0	0	0	0.0	22.5	0.0	0.0	0.0
Dobbs Ferry	2	1	0	1	2	18.4	9.2	0.0	9.2	18.4
Elmsford	1	2	2	2	1	21.4	42.9	42.9	42.9	21.4
Greenburgh	12	3	3	7	4	28.0	7.0	7.0	16.3	9.3
Hasting-on-Hudson	0	0	0	1	0	0.0	0.0	0.0	12.7	0.0
Irvington	1	1	0	1	0	15.6	15.6	0.0	15.6	0.0
Scarsdale	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Tarrytown	1	1	1	0	0	8.9	8.9	8.9	0.0	0.0
White Plains	21	8	13	18	13	36.9	14.1	22.9	31.7	22.9

(continued)

Table 5. Reported Cases and Rates of Syphilis (All Stages) by Municipality, Westchester County, 2008-2012 *(continued)*

Health Planning Region & Municipality	Total Cases					Rate (per 100,000)				
	2012	2011	2010	2009	2008	2012	2011	2010	2009	2008
East Central	**14**	**7**	**19**	**10**	**16**	**11.8**	**5.9**	**16.1**	**8.5**	**13.5**
Harrison	3	1	5	0	1	10.9	3.6	18.2	0.0	3.6
Larchmont	0	0	1	0	1	0.0	0.0	17.1	0.0	17.1
Mamaroneck (Town)	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Mamaroneck (Village)	4	2	4	1	8	21.1	10.6	21.1	5.3	42.3
Port Chester	6	3	8	9	5	20.7	10.4	27.6	31.1	17.3
Rye	0	1	1	0	1	0.0	6.4	6.4	0.0	6.4
Rye Brook	1	0	0	0	0	10.7	0.0	0.0	0.0	0.0
Southwest	**46**	**47**	**49**	**57**	**76**	**23.5**	**24.0**	**25.0**	**29.1**	**38.8**
Yonkers	46	47	49	57	76	23.5	24.0	25.0	29.1	38.8
Southeast	**50**	**44**	**42**	**47**	**53**	**26.4**	**23.3**	**22.2**	**24.9**	**28.0**
Bronxville	0	0	1	0	1	0.0	0.0	15.8	0.0	15.8
Eastchester	2	2	3	0	0	10.2	10.2	15.3	0.0	0.0
Mount Vernon	30	28	22	32	43	44.6	41.6	32.7	47.6	63.9
New Rochelle	15	12	16	14	9	19.5	15.6	20.8	18.2	11.7
Pelham	1	2	0	0	0	14.5	28.9	0.0	0.0	0.0
Pelham Manor	2	0	0	0	0	36.5	0.0	0.0	0.0	0.0
Tuckahoe	0	0	0	1	0	0.0	0.0	0.0	15.4	0.0
Westchester County Correctional Facilities	1	2	2	1	4	--	--	--	--	--
Unknown	0	0	1	0	0	--	--	--	--	--

Source: Westchester County Department of Health. Data as of May 2013.

Table 6. Reported Cases and Rates[1] of Chlamydia by Age, Sex, and Race and Ethnicity, Westchester County, 2012

Sex & Race/Ethnicity	Total[2]		Age													
			Under 15		15-19		20-24		25-29		30-34		35-44		45+	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Total	**2,972**	**313.1**	**53**	**28.5**	**875**	**1,339.6**	**1,133**	**2,114.6**	**455**	**864.1**	**204**	**368.5**	**182**	**136.9**	**70**	**17.4**
White	403	62.3	5	4.2	89	221.9	166	534.9	79	262.7	35	108.1	23	26.7	6	1.9
Black	818	592.2	16	59.7	281	2,331.8	321	3,147.4	115	1,310.8	39	458.9	30	155.7	16	30.5
Other	378	229.8	5	12.3	127	965.7	134	1,085.0	54	391.0	22	151.8	28	101.4	8	18.8
Unknown	1,373	• •	27	• •	378	• •	512	• •	207	• •	108	• •	101	• •	40	• •
Hispanic[3]	601	290.3	11	21.5	165	954.0	226	1,315.6	96	518.5	50	264.6	46	136.1	7	13.9
Non-Hispanic	1,008	135.8	19	14.1	300	624.7	393	1,079.6	157	459.9	57	156.3	58	58.5	24	6.8
Males	**731**	**160.1**	**2**	**2.1**	**146**	**434.3**	**281**	**1,023.2**	**138**	**522.3**	**74**	**273.0**	**60**	**93.8**	**30**	**16.4**
White	92	29.5	0	0.0	13	62.7	34	215.0	22	144.5	11	68.6	8	19.0	4	2.8
Black	196	312.6	1	7.3	45	724.5	78	1,561.2	37	921.3	17	459.8	11	130.2	7	32.4
Other	82	100.3	0	0.0	18	269.3	32	480.7	17	236.8	5	67.8	7	51.9	3	15.2
Unknown	361	• •	1	• •	70	• •	137	• •	62	• •	41	• •	34	• •	16	• •
Hispanic[3]	123	117.5	0	0.0	22	243.4	52	550.5	20	202.0	15	151.5	12	70.4	2	8.6
Non-Hispanic	249	70.7	0	0.0	51	207.5	96	532.8	50	302.6	20	116.2	22	46.9	10	6.3
Females	**2,241**	**455.1**	**51**	**56.1**	**729**	**2,299.6**	**852**	**3,262.4**	**317**	**1,208.5**	**130**	**460.1**	**122**	**176.8**	**40**	**18.2**
White	311	93.0	5	8.6	76	391.9	132	867.3	57	384.0	24	146.9	15	34.1	2	1.2
Black	622	824.7	15	114.7	236	4,041.1	243	4,670.4	78	1,639.7	22	458.2	19	175.5	9	29.1
Other	296	357.5	5	25.1	109	1,685.5	102	1,791.7	37	558.1	17	238.7	21	148.7	5	21.9
Unknown	1,012	• •	26	• •	308	• •	375	• •	145	• •	67	• •	67	• •	24	• •
Hispanic[3]	478	467.0	11	44.1	143	1,731.4	174	2,250.4	76	882.3	35	389.1	34	203.0	5	18.5
Non-Hispanic	759	194.6	19	28.8	249	1,062.2	297	1,615.5	107	607.4	37	192.1	36	68.9	14	7.2

[1] Rates are per 100,000 persons, calculated using the 2010 US Census population data.

[2] Total excludes 61 Westchester County Correctional Facility cases.

[3] Hispanic is an ethnic group and may be of any race. Therefore, Hispanics are also reported in the race categories.

Source: Westchester County Department of Health. Data as of May 2013.

Table 7. Reported Cases and Rates[1] of Chlamydia by Age, Sex, and Race and Ethnicity, Westchester County, 2011

Sex & Race/Ethnicity	Total[2]		Age													
			Under 15		15-19		20-24		25-29		30-34		35-44		45+	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Total	**2,959**	**311.8**	**27**	**14.5**	**940**	**1,439.2**	**1,065**	**1,987.7**	**467**	**886.9**	**198**	**357.7**	**182**	**136.9**	**80**	**19.8**
White	324	50.1	1	0.8	71	177.0	147	473.7	55	182.9	23	71.1	22	25.6	5	1.6
Black	740	535.8	9	33.6	287	2,381.5	251	2,461.0	115	1,310.8	33	388.3	33	171.2	12	22.8
Other	383	232.8	3	7.4	121	920.1	134	1,085.0	65	470.7	33	227.7	22	79.7	5	11.8
Unknown	1,512	··	14	··	461	··	533	··	232	··	109	··	105	··	58	··
Hispanic[3]	501	242.0	3	5.9	147	849.9	168	978.0	89	480.7	44	232.9	41	121.3	9	17.9
Non-Hispanic	918	123.7	9	6.7	324	674.7	350	961.5	131	383.7	50	137.1	37	37.3	17	4.8
Males	**846**	**185.3**	**3**	**3.2**	**192**	**571.2**	**305**	**1,110.5**	**167**	**632.0**	**70**	**258.3**	**77**	**120.3**	**32**	**17.5**
White	75	24.0	0	0.0	11	53.1	33	208.7	12	78.8	10	62.4	6	14.3	3	2.1
Black	214	341.3	1	7.3	65	1,046.5	74	1,481.2	43	1,070.7	13	351.6	15	177.5	3	13.9
Other	69	84.4	0	0.0	13	194.5	26	390.6	17	236.8	7	94.9	5	37.1	1	5.1
Unknown	488	··	2	··	103	··	172	··	95	··	40	··	51	··	25	··
Hispanic[3]	107	102.2	0	0.0	20	221.3	47	497.6	19	191.9	14	141.4	6	35.2	1	4.3
Non-Hispanic	198	56.3	1	1.4	51	207.5	70	388.5	36	217.9	18	104.6	14	29.8	8	5.0
Females	**2,113**	**429.1**	**24**	**26.4**	**748**	**2,359.5**	**760**	**2,910.1**	**300**	**1,143.7**	**128**	**453.0**	**105**	**152.2**	**48**	**21.8**
White	249	74.5	1	1.7	60	309.4	114	749.0	43	289.7	13	79.6	16	36.3	2	1.2
Black	526	697.5	8	61.2	222	3,801.4	177	3,401.9	72	1,513.6	20	416.6	18	166.3	9	29.1
Other	314	379.3	3	15.0	108	1,670.0	108	1,897.1	48	724.0	26	365.1	17	120.3	4	17.5
Unknown	1,024	··	12	··	358	··	361	··	137	··	69	··	54	··	33	··
Hispanic[3]	394	384.9	3	12.0	127	1,537.7	121	1,564.9	70	812.6	30	333.5	35	208.9	8	29.6
Non-Hispanic	720	184.6	8	12.1	273	1,164.6	280	1,523.1	95	539.3	32	166.1	23	44.0	9	4.7

[1] Rates are per 100,000 persons, calculated using the 2010 US Census population data.

[2] Total excludes 41 Westchester County Correctional Facility cases.

[3] Hispanic is an ethnic group and may be of any race. Therefore, Hispanics are also reported in the race categories.

Source: Westchester County Department of Health. Data as of May 2013.

Table 8. Reported Cases and Rates[1] of Gonorrhea by Age, Sex, and Race and Ethnicity, Westchester County, 2012

Sex & Race/Ethnicity	Total[2]			Age													
				Under 15		15-19		20-24		25-29		30-34		35-44		45+	
	N	Pop	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Total	**615**	**949,113**	**64.8**	**12**	**6.4**	**143**	**218.9**	**196**	**365.8**	**94**	**178.5**	**63**	**113.8**	**60**	**45.1**	**47**	**11.7**
White	76	646,471	11.8	3	2.5	11	27.4	15	48.3	17	56.5	8	24.7	16	18.6	6	1.9
Black	320	138,118	231.7	2	7.5	88	730.2	108	1058.9	42	478.7	34	400.1	23	119.3	23	43.8
Other	70	164,524	42.5	2	4.9	13	98.9	26	210.5	13	94.1	9	62.1	2	7.2	5	11.8
Unknown	149		• •	5	• •	31	• •	47	• •	22	• •	12	• •	19	• •	13	• •
Hispanic[3]	89	207,032	43.0	2	3.9	18	104.1	28	163.0	17	91.8	9	47.6	13	38.5	2	4.0
Non-Hispanic	369	742,081	49.7	6	4.4	91	189.5	119	326.9	51	149.4	43	117.9	30	30.2	29	8.2
Males	**280**	**456,661**	**61.3**	**0**	**0.0**	**40**	**119.0**	**91**	**331.3**	**54**	**204.4**	**27**	**99.6**	**37**	**57.8**	**31**	**16.9**
White	19	312,225	6.1	0	0.0	2	9.7	1	6.3	4	26.3	0	0.0	7	16.6	5	3.5
Black	143	62,701	228.1	0	0.0	28	450.8	45	900.7	26	647.4	18	486.9	12	142.0	14	64.7
Other	26	81,735	31.8	0	0.0	4	59.8	11	165.2	8	111.4	2	27.1	1	7.4	0	0.0
Unknown	92		• •	0	• •	6	• •	34	• •	16	• •	7	• •	17	• •	12	• •
Hispanic[3]	27	104,677	25.8	0	0.0	5	55.3	8	84.7	7	70.7	1	10.1	4	23.5	2	8.6
Non-Hispanic	168	351,984	47.7	0	0.0	29	118.0	54	299.7	30	181.6	21	122.1	17	36.2	17	10.6
Females	**335**	**492,452**	**68.0**	**12**	**13.2**	**103**	**324.9**	**105**	**402.1**	**40**	**152.5**	**36**	**127.4**	**23**	**33.3**	**16**	**7.3**
White	57	334,246	17.1	3	5.2	9	46.4	14	92.0	13	87.6	8	49.0	9	20.4	1	0.6
Black	177	75,417	234.7	2	15.3	60	1,027.4	63	1,210.8	16	336.3	16	333.3	11	101.6	9	29.1
Other	44	82,789	53.1	2	10.0	9	139.2	15	263.5	5	75.4	7	98.3	1	7.1	5	21.9
Unknown	57		• •	5	• •	25	• •	13	• •	6	• •	5	• •	2	• •	1	• •
Hispanic[3]	62	102,355	60.6	2	8.0	13	157.4	20	258.7	10	116.1	8	88.9	9	53.7	0	0.0
Non-Hispanic	201	390,097	51.5	6	9.1	62	264.5	65	353.6	21	119.2	22	114.2	13	24.9	12	6.2

[1] Rates are per 100,000 perseons, calculated using the 2010 US Census population data.

[2] Total excludes 8 Westchester County Correctional Facility cases.

[3] Hispanic is an ethnic group and may be of any race. Therefore, Hispanics are also reported in the race categories.

Source: Westchester County Department of Health. Data as of May 2013.

Table 9. Reported Cases and Rates[1] of Gonorrhea by Age, Sex, and Race and Ethnicity, Westchester County, 2011

Sex & Race/Ethnicity	Total[2]		Age													
			Under 15		15-19		20-24		25-29		30-34		35-44		45+	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Total	**517**	**54.5**	**2**	**1.1**	**142**	**217.4**	**148**	**276.2**	**101**	**191.8**	**49**	**88.5**	**54**	**40.6**	**21**	**5.2**
White	45	7.0	0	0.0	9	22.4	13	41.9	10	33.3	6	18.5	4	4.6	3	1.0
Black	242	175.2	0	0.0	72	597.5	77	755.0	47	535.7	23	270.7	17	88.2	6	11.4
Other	67	40.7	0	0.0	14	106.5	17	137.7	14	101.4	9	62.1	11	39.8	2	4.7
Unknown	163	. .	2	. .	47	. .	41	. .	30	. .	11	. .	22	. .	10	. .
Hispanic[3]	68	32.8	0	0.0	14	80.9	24	139.7	14	75.6	9	47.6	6	17.8	1	2.0
Non-Hispanic	286	38.5	0	0.0	87	181.2	81	222.5	59	172.8	27	74.0	24	24.2	8	2.3
Males	**222**	**48.6**	**0**	**0.0**	**40**	**119.0**	**59**	**214.8**	**52**	**196.8**	**23**	**84.9**	**31**	**48.4**	**17**	**9.3**
White	24	7.7	0	0.0	4	19.3	5	31.6	7	46.0	4	24.9	1	2.4	3	2.1
Black	94	149.9	0	0.0	24	386.4	30	600.5	20	498.0	8	216.4	8	94.7	4	18.5
Other	25	30.6	0	0.0	1	15.0	7	105.2	6	83.6	2	27.1	9	66.7	0	0.0
Unknown	79	. .	0	. .	11	. .	17	. .	19	. .	9	. .	13	. .	10	. .
Hispanic[3]	20	19.1	0	0.0	1	11.1	9	95.3	2	20.2	4	40.4	3	17.6	1	4.3
Non-Hispanic	124	35.2	0	0.0	29	118.0	32	177.6	32	193.7	13	75.6	12	25.6	6	3.8
Females	**295**	**59.9**	**2**	**2.2**	**102**	**321.8**	**89**	**340.8**	**49**	**186.8**	**26**	**92.0**	**23**	**33.3**	**4**	**1.8**
White	21	6.3	0	0.0	5	25.8	8	52.6	3	20.2	2	12.2	3	6.8	0	0.0
Black	148	196.2	0	0.0	48	821.9	47	903.3	27	567.6	15	312.4	9	83.1	2	6.5
Other	42	50.7	0	0.0	13	201.0	10	175.7	8	120.7	7	98.3	2	14.2	2	8.8
Unknown	84	. .	2	. .	36	. .	24	. .	11	. .	2	. .	9	. .	0	. .
Hispanic[3]	48	46.9	0	0.0	13	157.4	15	194.0	12	139.3	5	55.6	3	17.9	0	0.0
Non-Hispanic	162	41.5	0	0.0	58	247.4	49	266.5	27	153.3	14	72.7	12	23.0	2	1.0

[1] Rates are per 100,000 perseons, calculated using the 2010 US Census population data.

[2] Total excludes 6 Westchester County Correctional Facility cases.

3 Hispanic is an ethnic group and may be of any race. Therefore, Hispanics are also reported in the race categories.

Source: Westchester County Department of Health. Data as of May 2013.

Table 10. Reported Cases and Rates[1] of Syphilis (All Stages) by Age, Sex, and Race and Ethnicity, Westchester County, 2012

Sex & Race/Ethnicity	Total[2]		Age													
			Under 15		15-19		20-24		25-29		30-34		35-44		45+	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Total	**169**	**17.8**	**0**	**0.0**	**6**	**9.2**	**22**	**41.1**	**21**	**39.9**	**17**	**30.7**	**40**	**30.1**	**63**	**15.6**
White	32	4.9	0	0.0	2	5.0	3	9.7	8	26.6	3	9.3	2	2.3	14	4.5
Black	55	39.8	0	0.0	1	8.3	10	98.0	6	68.4	7	82.4	16	83.0	15	28.5
Other	40	24.3	0	0.0	2	15.2	7	56.7	3	21.7	2	13.8	11	39.8	15	35.3
Unknown	42	• •	0	• •	1	• •	2	• •	4	• •	5	• •	11	• •	19	• •
Hispanic[3]	57	27.5	0	0.0	4	23.1	6	34.9	10	54.0	7	37.1	13	38.5	17	33.8
Non-Hispanic	90	12.1	0	0.0	2	4.2	15	41.2	10	29.3	9	24.7	22	22.2	32	9.1
Males	**113**	**24.7**	**0**	**0.0**	**5**	**14.9**	**11**	**40.1**	**19**	**71.9**	**12**	**44.3**	**24**	**37.5**	**42**	**23.0**
White	26	8.3	0	0.0	1	4.8	3	19.0	8	52.5	2	12.5	1	2.4	11	7.8
Black	36	57.4	0	0.0	1	16.1	3	60.0	6	149.4	5	135.2	10	118.4	11	50.9
Other	27	33.0	0	0.0	2	29.9	4	60.1	1	13.9	2	27.1	8	59.3	10	50.7
Unknown	24	• •	0	• •	1	• •	1	• •	4	• •	3	• •	5	• •	10	• •
Hispanic[3]	34	32.5	0	0.0	3	33.2	3	31.8	8	80.8	5	50.5	7	41.1	8	34.4
Non-Hispanic	65	18.5	0	0.0	2	8.1	8	44.4	10	60.5	6	34.9	14	29.8	25	15.7
Females	**56**	**11.4**	**0**	**0.0**	**1**	**3.2**	**11**	**42.1**	**2**	**7.6**	**5**	**17.7**	**16**	**23.2**	**21**	**9.5**
White	6	1.8	0	0.0	1	5.2	0	0.0	0	0.0	1	6.1	1	2.3	3	1.8
Black	19	25.2	0	0.0	0	0.0	7	134.5	0	0.0	2	41.7	6	55.4	4	12.9
Other	13	15.7	0	0.0	0	0.0	3	52.7	2	30.2	0	0.0	3	21.2	5	21.9
Unknown	18	• •	0	• •	0	• •	1	• •	0	• •	2	• •	6	• •	9	• •
Hispanic[3]	23	22.5	0	0.0	1	12.1	3	38.8	2	23.2	2	22.2	6	35.8	9	33.3
Non-Hispanic	25	6.4	0	0.0	0	0.0	7	38.1	0	0.0	3	15.6	8	15.3	7	3.6

[1] Rates are per 100,000 persons, calculated using the 2010 US Census population data.

[2] Total excludes 1 Westchester County Correctional Facility cases.

[3] Hispanic is an ethnic group and may be of any race. Therefore, Hispanics are also reported in the race categories.

Source: Westchester County Department of Health. Data as of May 2013.

Table 11. Reported Cases and Rates[1] of Syphilis (All Stages) by Age, Sex, and Race and Ethnicity, Westchester County, 2011

Sex & Race/Ethnicity	Total[2]		Age													
			Under 15		15-19		20-24		25-29		30-34		35-44		45+	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Total	**138**	**14.5**	**0**	**0.0**	**8**	**12.2**	**10**	**18.7**	**17**	**32.3**	**7**	**12.6**	**27**	**20.3**	**69**	**17.1**
White	25	3.9	0	0.0	0	0.0	3	9.7	3	10.0	1	3.1	2	2.3	16	5.2
Black	46	33.3	0	0.0	4	33.2	2	19.6	8	91.2	2	23.5	7	36.3	23	43.8
Other	33	20.1	0	0.0	3	22.8	3	24.3	5	36.2	2	13.8	11	39.8	9	21.2
Unknown	34	• •	0	• •	1	• •	2	• •	1	• •	2	• •	7	• •	21	• •
Hispanic[3]	48	23.2	0	0.0	4	23.1	5	29.1	5	27.0	3	15.9	12	35.5	19	37.8
Non-Hispanic	73	9.8	0	0.0	4	8.3	4	11.0	12	35.2	3	8.2	13	13.1	37	10.5
Males	**94**	**20.6**	**0**	**0.0**	**5**	**14.9**	**8**	**29.1**	**14**	**53.0**	**6**	**22.1**	**15**	**23.4**	**46**	**25.1**
White	20	6.4	0	0.0	0	0.0	2	12.6	3	19.7	1	6.2	2	4.8	12	8.5
Black	26	41.5	0	0.0	2	32.2	1	20.0	6	149.4	1	27.0	3	35.5	13	60.1
Other	26	31.8	0	0.0	2	29.9	3	45.1	5	69.6	2	27.1	8	59.3	6	30.4
Unknown	22	• •	0	• •	1	• •	2	• •	0	• •	2	• •	2	• •	15	• •
Hispanic[3]	30	28.7	0	0.0	2	22.1	5	52.9	4	40.4	3	30.3	6	35.2	10	43.0
Non-Hispanic	51	14.5	0	0.0	3	12.2	2	11.1	10	60.5	2	11.6	8	17.0	26	16.3
Females	**44**	**8.9**	**0**	**0.0**	**3**	**9.5**	**2**	**7.7**	**3**	**11.4**	**1**	**3.5**	**12**	**17.4**	**23**	**10.4**
White	5	1.5	0	0.0	0	0.0	1	6.6	0	0.0	0	0.0	0	0.0	4	2.4
Black	20	26.5	0	0.0	2	34.2	1	19.2	2	42.0	1	20.8	4	37.0	10	32.3
Other	7	8.5	0	0.0	1	15.5	0	0.0	0	0.0	0	0.0	3	21.2	3	13.1
Unknown	12	• •	0	• •	0	• •	0	• •	1	• •	0	• •	5	• •	6	• •
Hispanic[3]	18	17.6	0	0.0	2	24.2	0	0.0	1	11.6	0	0.0	6	35.8	9	33.3
Non-Hispanic	22	5.6	0	0.0	1	4.3	2	10.9	2	11.4	1	5.2	5	9.6	11	5.7

[1] Rates are per 100,000 persons, calculated using the 2010 US Census population data.

[2] Total excludes 2 Westchester County Correctional Facility cases.

[3] Hispanic is an ethnic group and may be of any race. Therefore, Hispanics are also reported in the race categories.

Source: Westchester County Department of Health. Data as of May 2013.

Table 12. Newly Diagnosed HIV and AIDS Cases[1] by Year of Diagnosis, Westchester County, December 2011

Year of Diagnosis	HIV[2]	AIDS	Deaths among People Living with AIDS[3]
Prior to 1986		110	57
1986		110	75
1987		172	106
1988		190	129
1989		232	156
1990		246	184
1991		293	186
1992		393	224
1993		345	224
1994		347	263
1995		339	260
1996		276	167
1997		225	100
1998		215	101
1999		171	87
2000	209	179	112
2001	139	173	65
2002	133	167	74
2003	129	171	89
2004	148	139	68
2005	109	129	67
2006	144	115	60
2007	129	122	64
2008	128	100	71
2009	109	89	60
2010	115	85	61
2011	99	62	40
Total	**1,591**	**5,195**	**3,110**

[1]Excludes state prison inmates. County of diagnosis for prison inmates usually reflects the location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

[2] HIV reporting began in June 2000.

[3] Deaths among AIDS cases. However, death may be due to causes other than AIDS.

Persons diagnosed with HIV may also be diagnoses with AIDS in the same or a later year and their AIDS diagnosis will be counted in the AIDS diagnosis tables HIV and AIDS diagnoses cannot be added together in a meaningful way.

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology. Data as of March 2013.

Table 13. Newly Diagnosed HIV Cases by Sex, Age, Race/Ethnicity, Risk, and Year of Diagnosis, Westchester County, 2009-2011

	Total		Year of Diagnosis					
			2009		2010		2011	
	Number	%	Number	%	Number	%	Number	%
Total	**323**	**100**	**109**	**100**	**115**	**100**	**99**	**100**
Male	230	71.2	72	66.1	83	72.2	75	75.8
Female	93	28.8	37	33.9	32	27.8	24	24.2
Age								
13-24	49	15.2	13	11.9	20	17.4	16	16.2
25-29	43	13.3	16	14.7	16	13.9	11	11.1
30-39	68	21.1	23	21.1	26	22.6	19	19.2
40-49	84	26.0	29	26.6	32	27.8	23	23.2
50-59	54	16.7	22	20.2	11	9.6	21	21.2
60+	25	7.7	6	5.5	10	8.7	9	9.1
Race/Ethnicity								
White	47	14.6	19	17.4	15	13.0	13	13.1
Black	140	43.3	48	44.0	44	38.3	48	48.5
Hispanic	108	33.4	33	30.3	44	38.3	31	31.3
Other	28	8.7	9	8.3	12	10.4	7	7.1
Risk								
MSM	140	43.3	40	36.7	57	49.6	43	43.4
IDU	11	3.4	5	4.6	3	2.6	3	3.0
Heterosexula Contact	113	35.0	44	40.4	42	36.5	27	27.3
FPHC[1]	24	7.4	10	9.2	4	3.5	10	10.1
Other	35	10.8	10	9.2	9	7.8	16	16.2

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects the location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

[1] Female Presumed Heterosexual Contact - record must show sex at birth is female, case does not meet requirements for any other transmission risk group, no indication of injection drug use, and postive indication of heterosexual contact.

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology. Data as of March 2013.

Table 14. Total Newly Diagnosed HIV Cases by Sex, Age, Race/Ethnicity, and Risk among the Total Population and Blacks, Westchester County, 2009-2011

	Total						Black					
	Total		Male		Female		Total		Male		Female	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Total	**323**	**100**	**230**	**100**	**93**	**100**	**140**	**100**	**85**	**100**	**55**	**100**
Age												
13-24	49	15.2	39	17.0	10	10.8	26	18.6	20	23.5	6	10.9
25-29	43	13.3	33	14.3	10	10.8	18	12.9	13	15.3	5	9.1
30-39	68	21.1	50	21.7	18	19.4	24	17.1	14	16.5	10	18.2
40-49	84	26.0	58	25.2	26	28.0	30	21.4	17	20.0	13	23.6
50-59	54	16.7	37	16.1	17	18.3	27	19.3	16	18.8	11	20.0
60+	25	7.7	13	5.7	12	12.9	15	10.7	5	5.9	10	18.2
Race/Ethnicity												
White	47	14.6	40	17.4	7	7.5	..	..	..	..	..	..
Black	140	43.3	85	37.0	55	59.1	140	100.0	85	100.0	55	100.0
Hispanic	108	33.4	83	36.1	25	26.9	..	..	..	..	..	..
Other	28	8.7	22	9.6	6	6.5	..	..	..	..	..	..
Risk												
MSM	140	43.3	140	60.9	..	..	51	36.4	51	60.0	..	..
IDU	11	3.4	9	3.9	2	2.2	7	5.0	5	5.9	2	3.6
Hetersexual Contact	113	35.0	46	20.0	67	72.0	55	39.3	15	17.6	40	72.7
FPHC[1]	24	7.4	..	..	24	25.8	13	9.3	..	..	13	23.6
Other	35	10.8	35	15.2	0	0.0	14	10.0	14	16.5	0	0.0

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects the location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

[1] Female Presumed Heterosexual Contact - record must show sex at birth is female, case does not meet requirements for any other transmission risk group, no indication of injection drug use, and postive indication of heterosexual contact.

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology. Data as of March 2013.

Table 15. Average Annual Newly Diagnosed HIV and AIDS Cases and Cumulative AIDS Cases by Sex, Age, Race/Ethnicity and Risk, Westchester County, December 2011

	HIV Diagnoses Annual Average		AIDS Diagnoses Annual Average		Cummulative AIDS Cases	
	Jan. 2009-Dec. 2011		Jan. 2009-Dec. 2011		Through December 2011	
	Number	%	Number	%	Number	%
Total	**107.7**	**100**	**78.7**	**100**	**5,195**	**100**
Sex						
Male	76.7	71.2	56.3	7.2	3,671	70.7
Female	31.0	28.8	22.3	28.4	1,524	29.3
Age at Diagnosis						
12 & under	0.0	0.0	0.0	0.0	58	1.1
13-19	3.0	2.8	1.3	1.7	46	0.9
20-24	13.3	12.4	5.0	6.4	140	2.7
25-29	14.3	13.3	5.7	7.2	418	8.0
30-39	22.7	21.1	19.7	25.0	1,960	37.7
40-49	28.0	26.0	20.7	26.3	1,696	32.6
50-59	18.0	16.7	18.0	22.9	640	12.3
60+	8.3	7.7	8.3	10.6	237	4.6
Race/Ethnicity						
White	15.7	14.6	11.3	14.4	1,449	27.9
Black	46.7	43.3	35.0	44.5	2,391	46.0
Hispanic	36.0	33.4	24.7	31.4	1,115	21.5
Mulit Race	8.0	7.4	6.7	8.5	221	4.3
Other	1.3	1.2	1.0	1.3	19	0.4
Risk Group						
MSM	46.7	43.3	28.7	36.4	1,301	25.0
IDU	3.7	3.4	8.7	11.0	2,112	40.7
MSM/IDU	1.3	1.2	2.0	2.5	253	4.9
Heterosexual Contact	37.7	35.0	27.7	35.2	1,065	20.5
FPHC[1]	8.0	7.4	3.3	4.2	124	2.4
Blood Products	0.0	0.0	0.0	0.0	46	0.9
Pediatric Risk	0.0	0.0	0.7	0.8	77	1.5
Unknown	10.3	9.6	7.7	9.7	217	4.2

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects the location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

Persons diagnosed with HIV may also be diagnoses with AIDS in the same or a later year and their AIDS diagnosis will be counted in the AIDS diagnosis tables HIV and AIDS diagnoses cannot be added together in a meaningful way.

[1] Female Presumed Heterosexual Contact - record must show sex at birth is female, case does not meet requirements for any other transmission risk group, no indication of injection drug use, and postive indication of heterosexual contact.

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology. Data as of March 2013.

Table 16. Average Annual Newly Diagnosed HIV and AIDS Cases and Cumulative AIDS Cases by Sex and Risk, Westchester County, December 2011

	HIV Diagnoses Annual Average		AIDS Diagnoses Annual Average		Cummulative AIDS Cases	
	Jan. 2009-Dec. 2011		Jan. 2009-Dec. 2011		Through December 2011	
	Number	%	Number	%	Number	%
Total	**107.7**	**100**	**78.7**	**100**	**5,195**	**100**
MSM	46.7	43.3	28.7	36.4	1,301	25.0
IDU	3.7	3.4	8.7	11.0	2,112	40.7
MSM/IDU	1.3	1.2	2.0	2.5	253	4.9
Heterosexual Contact	37.7	35.0	27.7	35.2	1,065	20.5
FPHC	8.0	7.4	3.3	4.2	124	2.4
Blood Product	0.0	0.0	0.0	0.0	46	0.9
Pediatric Risk	0.0	0.0	0.7	0.8	77	1.5
Unknown	10.3	9.6	7.7	9.7	217	4.2
Male	**76.7**	**100**	**56.3**	**100**	**3,671**	**100**
MSM	46.7	60.9	28.7	50.9	1,301	35.4
IDU	3.0	3.9	4.7	8.3	1,509	41.1
MSM/IDU	1.3	1.7	2.0	3.6	253	6.9
Heterosexual Contact	15.3	20.0	12.7	22.5	322	8.8
Blood Product	0.0	0.0	0.0	0.0	33	0.9
Pediatric Risk	0.0	0.0	0.7	1.2	36	1.0
Unknown	10.3	13.5	7.7	13.6	217	5.9
Female	**31.0**	**100**	**22.3**	**100**	**1,524**	**100**
IDU	0.7	2.2	4.0	17.9	603	39.6
Heterosexual Contact	22.3	72.0	15.0	67.2	743	48.8
FPHC	8.0	25.8	3.3	14.9	124	8.1
Blood Product	0.0	0.0	0.0	0.0	13	0.9
Pediatric Risk	0.0	0.0	0.0	0.0	41	2.7
Unknown	0.0	0.0	0.0	0.0	0	0.0

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects the location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

Persons diagnosed with HIV may also be diagnoses with AIDS in the same or a later year and their AIDS diagnosis will be counted in the AIDS diagnosis tables HIV and AIDS diagnoses cannot be added together in a meaningful way.

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology. Data as of March 2013.

Table 17. Living HIV and AIDS Cases by Sex, Age, Race/Ethnicity, and Risk, Westchester County, December 2011

	Living HIV (not AIDS) Cases		Living AIDS Cases		Living HIV & AIDS Cases	
	Number	%	Number	%	Number	%
Total	**1,172**	**100**	**2,050**	**100**	**3,222**	**100**
Sex						
Male	731	62.4	1,323	64.5	2,054	63.7
Female	441	37.6	727	35.5	1,168	36.3
Current Age						
12 & under	9	0.8	0	0.0	9	0.3
13-19	27	2.3	7	0.3	34	1.1
20-24	60	5.1	27	1.3	87	2.7
25-29	84	7.2	56	2.7	140	4.3
30-39	221	18.9	202	9.9	423	13.1
40-49	340	29.0	619	30.2	959	29.8
50-59	293	25.0	764	37.3	1,057	32.8
60+	137	11.7	373	18.2	510	15.8
Unknown	1	0.1	2	0.1	3	0.1
Race/Ethnicity						
White	282	24.1	402	19.6	684	21.2
Black	501	42.7	891	43.5	1,392	43.2
Hispanic	312	26.6	597	29.1	909	28.2
Multi Race	68	5.8	150	7.3	218	6.8
Other	9	0.8	10	0.5	19	0.6
Risk Group						
MSM	404	34.5	536	26.1	940	29.2
IDU	110	9.4	554	27.0	664	20.6
MSM/IDU	20	1.7	97	4.7	117	3.6
Heterosexual Contact	375	32.0	640	31.2	1,015	31.5
FPHC[1]	110	9.4	75	3.7	185	5.7
Blood Products	1	0.1	7	0.3	8	0.2
Pediatric Risk	36	3.1	28	1.4	64	2.0
Unknown	116	9.9	113	5.5	229	7.1

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects the location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology. Data as of March 2013.

Table 18. Living HIV and AIDS Cases by Sex and Risk, Westchester County, December 2011

	Living HIV (not AIDS) Cases		Living AIDS Cases		Living HIV & AIDS Cases	
	Number	%	Number	%	Number	%
Total	**1,172**	**100**	**2,050**	**100**	**3,222**	**100**
MSM	404	34.5	536	26.1	940	29.2
IDU	110	9.4	554	27.0	664	20.6
MSM/IDU	20	1.7	97	4.7	117	3.6
Heterosexual Contact	375	32.0	640	31.2	1,015	31.5
FPHC	110	9.4	75	3.7	185	5.7
Blood Product	1	0.1	7	0.3	8	0.2
Pediatric Risk	36	3.1	28	1.4	64	2.0
Unknown	116	9.9	113	5.5	229	7.1
Male	**731**	**100**	**1,323**	**100**	**2,054**	**100**
MSM	404	55.3	536	40.5	940	45.8
IDU	65	8.9	355	26.8	420	20.4
MSM/IDU	20	2.7	97	7.3	117	5.7
Heterosexual Contact	104	14.2	206	15.6	310	15.1
Blood Product	1	0.1	4	0.3	5	0.2
Pediatric Risk	21	2.9	12	0.9	33	1.6
Unknown	116	15.9	113	8.5	229	11.1
Female	**441**	**100**	**727**	**100**	**1,168**	**100**
IDU	45	10.2	199	27.4	244	20.9
Heterosexual Contact	271	61.5	434	59.7	705	60.4
FPHC	110	24.9	75	10.3	185	15.8
Blood Product	0	0.0	3	0.4	3	0.3
Pediatric Risk	15	3.4	16	2.2	31	2.7
Unknown	0	0.0	0	0.0	0	0.0

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects the location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology. Data as of March 2013.

Table 19. Reported Cases and Rates of Major Central Nervous System Diseases and Bacteremias by Municipality, Westchester County, 2011-2012

Health Planning Region & Municipality	2011				2012			
	Menigitits[1]		Invasive Strep		Menigitits[1]		Invasive Strep	
	Cases	Rate[2]	Cases	Rate[2]	Cases	Rate[2]	Cases	Rate[2]
Westchester County	**43**	**4.5**	**73**	**7.7**	**52**	**5.5**	**53**	**5.6**
Northwest	**4**	**2.7**	**16**	**10.9**	**7**	**4.8**	**7**	**4.8**
Briarcliff Manor	0	0.0	0	0.0	0	0.0	2	25.4
Buchanan	0	0.0	0	0.0	0	0.0	0	0.0
Cortlandt Manor	0	0.0	5	16.0	1	3.2	2	6.4
Croton-on-Hudson	0	0.0	1	12.4	1	12.4	2	24.8
Mount Pleasant	1	3.8	4	15.3	3	11.5	1	3.8
Ossining Town	0	0.0	0	0.0	0	0.0	0	0.0
Ossining Village	2	8.0	1	4.0	2	8.0	0	0.0
Peekskill	1	4.2	4	17.0	0	0.0	0	0.0
Pleasantville	0	0.0	1	14.2	0	0.0	0	0.0
Sleepy Hollow	0	0.0	0	0.0	0	0.0	0	0.0
Northeast	**4**	**2.9**	**1**	**0.7**	**6**	**4.4**	**4**	**2.9**
Bedford	0	0.0	0	0.0	1	5.8	0	0.0
Lewisboro	0	0.0	0	0.0	1	8.1	0	0.0
Mount Kisco	1	9.2	0	0.0	1	9.2	0	0.0
New Castle	0	0.0	0	0.0	1	5.7	0	0.0
North Castle	1	8.4	0	0.0	0	0.0	1	8.4
North Salem	1	19.6	0	0.0	0	0.0	0	0.0
Pound Ridge	0	0.0	0	0.0	0	0.0	0	0.0
Somers	0	0.0	0	0.0	0	0.0	0	0.0
Yorktown Heights	1	2.8	1	2.8	2	5.5	3	8.3

(continued)

Table 19. Reported Cases and Rates of Major Central Nervous System Diseases and Bacteremias by Municipality, Westchester County, 2011-2012 *(continued)*

Health Planning Region & Municipality	2011				2012			
	Menigitits[1]		Invasive Strep		Menigitits[1]		Invasive Strep	
	Cases	Rate[2]	Cases	Rate[2]	Cases	Rate[2]	Cases	Rate[2]
West Central	**13**	**8.0**	**18**	**11.1**	**18**	**11.1**	**13**	**8.0**
Ardsley	0	0.0	0	0.0	0	0.0	1	22.5
Dobbs Ferry	0	0.0	1	9.2	0	0.0	2	18.4
Elmsford	0	0.0	0	0.0	0	0.0	2	42.9
Greenburgh	1	2.3	2	4.7	8	18.7	3	7.0
Hastings-on-Hudson	0	0.0	0	0.0	0	0.0	1	12.7
Irvington	0	0.0	1	15.6	0	0.0	0	0.0
Scarsdale	1	5.8	1	5.8	1	5.8	0	0.0
Tarrytown	0	0.0	2	17.7	0	0.0	0	0.0
White Plains	11	19.3	11	19.3	9	15.8	4	7.0
East Central	**10**	**8.5**	**8**	**6.8**	**5**	**4.2**	**4**	**3.4**
Harrison	5	18.2	1	3.6	0	0.0	0	0.0
Larchmont	0	0.0	1	17.1	1	17.1	0	0.0
Mamaroneck Town	0	0.0	2	16.7	0	0.0	1	8.3
Mamaroneck Village	0	0.0	2	10.6	1	5.3	1	5.3
Port Chester	3	10.4	1	3.5	3	10.4	2	6.9
Rye	0	0.0	1	6.4	0	0.0	0	0.0
Rye Brook	2	21.4	0	0.0	0	0.0	0	0.0
Southwest	**7**	**3.6**	**12**	**6.1**	**10**	**5.1**	**14**	**7.1**
Yonkers	7	3.6	12	6.1	10	5.1	14	7.1
Southeast	**5**	**2.6**	**18**	**9.5**	**6**	**3.2**	**10**	**5.3**
Bronxville	0	0.0	1	15.8	0	0.0	0	0.0
Eastchester	2	10.2	0	0.0	2	10.2	2	10.2
Mount Vernon	2	3.0	8	11.9	1	1.5	4	5.9
New Rochelle	1	1.3	5	6.5	3	3.9	4	5.2
Pelham	0	0.0	1	14.5	0	0.0	0	0.0
Pelham Manor	0	0.0	1	18.2	0	0.0	0	0.0
Tuckahoe	0	0.0	2	30.8	0	0.0	0	0.0

[1] Meningitits disease category includes aseptic meningitis, meingococcal diseases, and other meningitis/bacteremias.

[2] Rates are per 100,000 persons, calculated using the 2010 US Census population data.

Source: Westchester County Department of Health. Data as of May 2013.

Table 20. Reported Cases and Rates of Meningitis by Age and Sex, Westchester County, 2011-2012

Age *(years)*	2011								
	Total			Male			Female		
	Number	Rate[1]	Percent	Number	Rate[1]	Percent	Number	Rate[1]	Percent
Total	**43**	**4.5**	**100**	**25**	**5.5**	**100**	**18**	**3.7**	**100**
0-9	3	2.5	7.0	2	3.2	8.0	1	1.7	5.6
10-19	10	7.6	23.3	5	7.4	20.0	5	7.8	27.8
20-29	11	10.4	25.6	6	11.1	24.0	5	9.6	27.8
30-39	9	7.7	20.9	6	10.6	24.0	3	5.0	16.7
40-49	3	2.0	7.0	2	2.8	8.0	1	1.3	5.6
50-59	4	3.0	9.3	2	3.1	8.0	2	2.8	11.1
60+	3	1.6	7.0	2	2.4	8.0	1	0.9	5.6

Age *(years)*	2012								
	Total[2]			Male			Female		
	Number	Rate[1]	Percent	Number	Rate[1]	Percent	Number	Rate[1]	Percent
Total	**52**	**5.5**	**100**	**24**	**5.3**	**100**	**27**	**5.5**	**100**
0-9	11	9.1	21.2	7	11.4	29.2	4	6.8	14.8
10-19	8	6.1	15.4	4	6.0	16.7	4	6.3	14.8
20-29	9	8.5	17.3	3	5.6	12.5	6	11.5	22.2
30-39	3	2.6	5.8	2	3.5	8.3	1	1.7	3.7
40-49	8	5.4	15.4	4	5.6	16.7	4	5.2	14.8
50-59	4	3.0	7.7	2	3.1	8.3	2	2.8	7.4
60+	8	4.2	15.4	2	2.4	8.3	6	5.4	22.2

[1] Rates are per 100,000 persons, calculated using the 2010 US Census population data.

[2] Total includes 1 case of unknown age and sex.

Source: Westchester County Department of Health. Data as of May 2013.

Table 21. Reported Cases of Invasive Strep Pneumoniae by Age and Sex, Westchester County, 2011-2012

2011

Age *(years)*	Total[1]			Male			Female		
	Number	Rate[2]	Percent	Number	Rate[2]	Percent	Number	Rate[2]	Percent
Total	**73**	**7.7**	**100**	**32**	**7.0**	**100**	**40**	**8.1**	**100**
0-9	9	7.5	12.3	5	8.1	15.6	4	6.8	10.0
10-19	1	0.8	1.4	1	1.5	3.1	0	0.0	0.0
20-29	4	3.8	5.5	2	3.7	6.3	2	3.8	5.0
30-39	3	2.6	4.1	1	1.8	3.1	2	3.3	5.0
40-49	5	3.4	6.8	2	2.8	6.3	3	3.9	7.5
50-59	9	6.7	12.3	4	6.2	12.5	5	7.1	12.5
60+	41	21.3	56.2	17	20.7	53.1	24	21.8	60.0

2012

Age *(years)*	Total			Male			Female		
	Number	Rate[2]	Percent	Number	Rate[2]	Percent	Number	Rate[2]	Percent
Total	**53**	**5.6**	**100**	**25**	**5.5**	**100**	**28**	**5.7**	**100**
0-9	8	6.6	15.1	6	9.7	24.0	2	3.4	7.1
10-19	2	1.5	3.8	1	1.5	4.0	1	1.6	3.6
20-29	2	1.9	3.8	2	3.7	8.0	0	0.0	0.0
30-39	1	0.9	1.9	0	0.0	0.0	1	1.7	3.6
40-49	1	0.7	1.9	1	1.4	4.0	0	0.0	0.0
50-59	8	5.9	15.1	2	3.1	8.0	6	8.5	21.4
60+	31	16.1	58.5	13	15.9	52.0	18	16.3	64.3

[1] Total includes 1 case of unknown age and/or sex.

[2] Rates are per 100,000, calculated using the US Census population data.

Source: Westchester County Department of Health. Data as of May 2013.

Table 22. Reported Cases and Rates of Major Enteric Infections, Westchester County Residents, 2011-2012

Health Planning Region & Municipality	2011						2012					
	Campylobacteriosis		Giardiasis		Salmonellosis		Campylobacteriosis		Giardiasis		Salmonellosis	
	Cases	Rate[1]	Cases	Rate[1]	Cases	Rate[1]	Cases	Rate[1]	Cases	Rate[1]	Cases	Rate[1]
Westchester County	**242**	**25.5**	**102**	**10.7**	**170**	**17.9**	**251**	**26.4**	**69**	**7.3**	**141**	**14.9**
Northwest	**39**	**26.6**	**12**	**8.2**	**31**	**21.1**	**53**	**36.2**	**11**	**7.5**	**19**	**13.0**
Briarcliff Manor	2	25.4	1	12.7	0	0.0	4	50.8	2	25.4	0	0.0
Buchanan	1	44.8	0	0.0	1	44.8	0	0.0	0	0.0	0	0.0
Cortlandt Manor	8	25.6	4	12.8	5	16.0	6	19.2	2	6.4	6	19.2
Croton-on-Hudson	0	0.0	1	12.4	1	12.4	3	37.2	0	0.0	1	12.4
Mount Pleasant	4	15.3	1	3.8	6	22.9	7	26.7	0	0.0	3	11.5
Ossining Town	1	18.5	0	0.0	4	74.0	1	18.5	0	0.0	3	55.5
Ossining Village	10	39.9	1	4.0	3	12.0	20	79.8	1	4.0	4	16.0
Peekskill	6	25.4	2	8.5	8	33.9	5	21.2	6	25.4	2	8.5
Pleasantville	1	14.2	1	14.2	0	0.0	2	28.5	0	0.0	0	0.0
Sleepy Hollow	6	60.8	1	10.1	3	30.4	5	50.7	0	0.0	0	0.0
Northeast	**32**	**23.4**	**24**	**17.5**	**22**	**16.1**	**46**	**33.6**	**7**	**5.1**	**23**	**16.8**
Bedford	2	11.5	5	28.8	2	11.5	11	63.5	3	17.3	1	5.8
Lewisboro	5	40.3	2	16.1	0	0.0	3	24.2	1	8.1	6	48.3
Mount Kisco	0	0.0	1	9.2	1	9.2	7	64.4	0	0.0	1	9.2
New Castle	8	45.5	7	39.8	7	39.8	7	39.8	0	0.0	2	11.4
North Castle	6	50.7	3	25.3	3	25.3	2	16.9	0	0.0	5	42.2
North Salem	1	19.6	0	0.0	0	0.0	6	117.6	1	19.6	1	19.6
Pound Ridge	3	58.8	1	19.6	0	0.0	4	78.4	0	0.0	1	19.6
Somers	4	19.6	3	14.7	4	19.6	2	9.8	0	0.0	1	4.9
Yorktown Heights	3	8.3	2	5.5	5	13.9	4	11.1	2	5.5	5	13.9

(continued)

Table 22. Reported Cases and Rates of Major Enteric Infections, Westchester County Residents, 2011-2012 *(continued)*

Health Planning Region & Municipality	2011						2012					
	Campylobacteriosis		Giardiasis		Salmonellosis		Campylobacteriosis		Giardiasis		Salmonellosis	
	Cases	Rate[1]	Cases	Rate[1]	Cases	Rate[1]	Cases	Rate[1]	Cases	Rate[1]	Cases	Rate[1]
Westchester County	**70**	**7.4**	**21**	**2.2**	**44**	**4.6**	**73**	**7.7**	**20**	**2.1**	**28**	**3.0**
West Central	**56**	**34.5**	**17**	**10.5**	**36**	**22.2**	**61**	**37.6**	**17**	**10.5**	**25**	**15.4**
Ardsley	1	22.5	2	44.9	0	0.0	1	22.5	0	0.0	1	22.5
Dobbs Ferry	1	9.2	0	0.0	1	9.2	5	46.0	2	18.4	0	0.0
Elmsford	0	0.0	0	0.0	0	0.0	2	42.9	0	0.0	0	0.0
Greenburgh	16	37.3	5	11.7	10	23.3	18	42.0	8	18.7	10	23.3
Hastings-on-Hudson	3	38.2	0	0.0	1	12.7	3	38.2	1	12.7	0	0.0
Irvington	1	15.6	2	31.2	0	0.0	1	15.6	0	0.0	2	31.2
Scarsdale	12	69.9	4	23.3	8	46.6	9	52.4	2	11.7	4	23.3
Tarrytown	3	26.6	2	17.7	3	26.6	5	44.3	1	8.9	2	17.7
White Plains	19	33.4	2	3.5	13	22.9	17	29.9	3	5.3	6	10.6
East Central	**50**	**42.3**	**22**	**18.6**	**20**	**16.9**	**41**	**34.7**	**12**	**10.1**	**12**	**10.1**
Harrison	11	40.0	4	14.6	8	29.1	9	32.8	2	7.3	3	10.9
Larchmont	3	51.2	3	51.2	0	0.0	1	17.1	1	17.1	0	0.0
Mamaroneck Town	10	83.5	0	0.0	3	25.0	6	50.1	0	0.0	1	8.3
Mamaroneck Village	6	31.7	2	10.6	3	15.8	10	52.8	4	21.1	4	21.1
Port Chester	10	34.5	6	20.7	3	10.4	3	10.4	0	0.0	2	6.9
Rye	9	57.3	5	31.8	3	19.1	5	31.8	1	6.4	2	12.7
Rye Brook	1	10.7	2	21.4	0	0.0	7	74.9	4	42.8	0	0.0

(continued)

Table 22. Reported Cases and Rates of Major Enteric Infections, Westchester County Residents, 2011-2012 *(continued)*

Health Planning Region & Municipality	2011						2012					
	Campylobacteriosis		Giardiasis		Salmonellosis		Campylobacteriosis		Giardiasis		Salmonellosis	
	Cases	Rate[1]	Cases	Rate[1]	Cases	Rate[1]	Cases	Rate[1]	Cases	Rate[1]	Cases	Rate[1]
Westchester County	**30**	**3.2**	**15**	**1.6**	**28**	**3.0**	**20**	**2.1**	**10**	**1.1**	**27**	**2.8**
Southwest	**30**	**15.3**	**15**	**7.7**	**28**	**14.3**	**20**	**10.2**	**10**	**5.1**	**27**	**13.8**
Yonkers	30	15.3	15	7.7	28	14.3	20	10.2	10	5.1	27	13.8
Southeast	**35**	**18.5**	**12**	**6.3**	**33**	**17.4**	**27**	**14.3**	**12**	**6.3**	**35**	**18.5**
Bronxville	4	63.3	2	31.6	1	15.8	0	0.0	0	0.0	3	47.4
Eastchester	5	25.6	0	0.0	5	25.6	4	20.5	2	10.2	2	10.2
Mount Vernon	2	3.0	1	1.5	7	10.4	9	13.4	2	3.0	15	22.3
New Rochelle	19	24.7	7	9.1	16	20.8	10	13.0	4	5.2	15	19.5
Pelham	1	14.5	2	28.9	3	43.4	0	0.0	1	14.5	0	0.0
Pelham Manor	1	18.2	0	0.0	1	18.2	1	18.2	2	36.5	0	0.0
Tuckahoe	3	46.3	0	0.0	0	0.0	3	46.3	1	15.4	0	0.0
Unknown	0	. .	0	. .	0	. .	3	. .	0	. .	0	. .

[1] Rates are per 100,000, calculated using the 2010 US Census population data.

Source: Westchester County Department of Health. Data as of May 2013.

Table 23. Reported Cases and Rates of Campylobacteriosis by Age and Sex, Westchester County, 2011-2012

2011

Age *(years)*	Total[1]			Male			Female		
	Number	Rate[2]	Percent	Number	Rate[2]	Percent	Number	Rate[2]	Percent
Total	**242**	**25.5**	**100**	**127**	**27.8**	**100**	**114**	**23.1**	**100**
0-9	41	34.1	16.9	20	32.5	15.7	21	35.7	18.4
10-19	29	22.1	12.0	18	26.8	14.2	11	17.2	9.6
20-29	26	24.5	10.7	14	26.0	11.0	12	22.9	10.5
30-39	26	22.2	10.7	15	26.4	11.8	11	18.3	9.6
40-49	33	22.4	13.6	19	26.8	15.0	14	18.3	12.3
50-59	27	20.1	11.2	13	20.2	10.2	14	19.9	12.3
60+	59	30.7	24.4	28	34.2	22.0	31	28.1	27.2

2012

Age *(years)*	Total[1]			Male			Female		
	Number	Rate[2]	Percent	Number	Rate[2]	Percent	Number	Rate[2]	Percent
Total	**251**	**26.4**	**100**	**134**	**29.3**	**100**	**114**	**23.1**	**100**
0-9	44	36.5	17.5	27	43.8	20.1	17	28.9	14.9
10-19	30	22.9	12.0	15	22.3	11.2	15	23.5	13.2
20-29	29	27.3	11.6	17	31.5	12.7	12	22.9	10.5
30-39	26	22.2	10.4	12	21.1	9.0	14	23.2	12.3
40-49	24	16.3	9.6	12	16.9	9.0	12	15.7	10.5
50-59	43	32.0	17.1	27	42.0	20.1	16	22.7	14.0
60+	52	27.0	20.7	24	29.3	17.9	28	25.4	24.6

[1] Total includes 1 case of unknown age and/or sex in 2011 and 3 cases of unknown age and/or sex in 2012.

[2] Rates are per 100,000 persons, calculated using the 2010 US Census population data.

Source: Westchster County Department of Health. Data as of May 2013.

Table 24. Reported Cases and Rates of Giardiasis by Age and Sex, Westchester County, 2011-2012

Age *(years)*	2011								
	Total[1]			Male			Female		
	Number	Rate[2]	Percent	Number	Rate[2]	Percent	Number	Rate[2]	Percent
Total	**102**	**10.7**	**100**	**64**	**14.0**	**100**	**36**	**7.3**	**100**
0-9	21	17.4	20.6	10	16.2	15.6	11	18.7	30.6
10-19	13	9.9	12.7	10	14.9	15.6	3	4.7	8.3
20-29	10	9.4	9.8	6	11.1	9.4	4	7.6	11.1
30-39	7	6.0	6.9	4	7.0	6.3	3	5.0	8.3
40-49	15	10.2	14.7	10	14.1	15.6	5	6.5	13.9
50-59	21	15.6	20.6	14	21.8	21.9	7	10.0	19.4
60+	13	6.8	12.7	10	12.2	15.6	3	2.7	8.3

Age *(years)*	2012								
	Total			Male			Female		
	Number	Rate[2]	Percent	Number	Rate[2]	Percent	Number	Rate[2]	Percent
Total	**69**	**7.3**	**100**	**40**	**8.8**	**100**	**29**	**5.9**	**100**
0-9	8	6.6	11.6	5	8.1	12.5	3	5.1	10.3
10-19	8	6.1	11.6	4	6.0	10.0	4	6.3	13.8
20-29	10	9.4	14.5	8	14.8	20.0	2	3.8	6.9
30-39	10	8.5	14.5	5	8.8	12.5	5	8.3	17.2
40-49	10	6.8	14.5	7	9.9	17.5	3	3.9	10.3
50-59	12	8.9	17.4	6	9.3	15.0	6	8.5	20.7
60+	11	5.7	15.9	5	6.1	12.5	6	5.4	20.7

[1] Total includes 2 cases of unknown age and sex.

[2] Rates are per 100,000 persons, calculated using the 2010 US Census population data.

Source: Westchester County Department of Health. Data as of May 2013.

Table 25. Reported Cases and Rates of Salmonellosis by Age and Sex, Westchester County, 2011-2012

2011

Age *(years)*	Total[1]			Male			Female		
	Number	Rate[2]	Percent	Number	Rate[2]	Percent	Number	Rate[2]	Percent
Total	**170**	**17.9**	**100**	**80**	**17.5**	**100**	**85**	**17.3**	**100**
0-9	41	34.1	24.1	24	39.0	30.0	17	28.9	20.0
10-19	19	14.5	11.2	10	14.9	12.5	9	14.1	10.6
20-29	23	21.7	13.5	7	13.0	8.8	16	30.6	18.8
30-39	16	13.7	9.4	7	12.3	8.8	9	14.9	10.6
40-49	20	13.6	11.8	11	15.5	13.8	9	11.8	10.6
50-59	12	8.9	7.1	8	12.5	10.0	4	5.7	4.7
60+	34	17.7	20.0	13	15.9	16.3	21	19.0	24.7

2012

Age *(years)*	Total[1]			Male			Female		
	Number	Rate[2]	Percent	Number	Rate[2]	Percent	Number	Rate[2]	Percent
Total	**141**	**14.9**	**100**	**68**	**14.9**	**100**	**70**	**14.2**	**100**
0-9	30	24.9	17.6	15	24.4	18.8	15	25.5	17.6
10-19	16	12.2	9.4	12	17.9	15.0	4	6.3	4.7
20-29	22	20.7	12.9	12	22.3	15.0	10	19.1	11.8
30-39	16	13.7	9.4	6	10.6	7.5	10	16.6	11.8
40-49	11	7.5	6.5	5	7.0	6.3	6	7.8	7.1
50-59	16	11.9	9.4	9	14.0	11.3	7	10.0	8.2
60+	27	14.0	15.9	9	11.0	11.3	18	16.3	21.2

[1] Total includes 5 cases with unknown age and/or sex in 2011 and 3 cases with unknown age and/or sex in 2012.

[2] Rates are per 100,000 persons, calculated using the 2010 US Census population data.

Source: Westchester County Department of Health. Data as of May 2013.

Table 26. Reported Average Number of Cases of Major Enteric Infections by Month, Westchester County, 2010-2012

Month	Campylobacteriosis		Giardiasis		Salmonellosis	
	Average Number	%	Average Number	%	Average Number	%
Total	**224**	**100**	**88**	**100**	**164**	**100**
January	15	6.9	6	6.8	11	6.9
February	11	5.1	6	6.4	9	5.3
March	15	6.6	7	8.0	10	5.9
April	14	6.1	6	6.8	9	5.7
May	21	9.5	7	8.0	16	9.8
June	24	10.7	7	7.6	18	11.0
July	24	10.6	8	9.5	15	9.0
August	31	14.0	11	12.9	28	17.3
September	19	8.3	9	9.8	19	11.8
October	15	6.9	9	9.8	13	7.7
November	20	8.8	7	8.3	9	5.5
December	15	6.6	5	6.1	7	4.1

Source: Westchester County Department of Health. Data as of May 2013.

Table 27. Reported Cases and Rates of Lyme Disease by Municipality, Westchester County, 2008-2012

Health Planning Region & Municipality	Cases					Rate (per 100,000)[1]				
	2012	2011	2010	2009	2008	2012	2011	2010	2009	2008
Westchester County	**71**	**167**	**114**	**207**	**263**	**7.5**	**17.6**	**12.0**	**21.8**	**27.7**
Northwest	**16**	**52**	**31**	**60**	**61**	**10.9**	**35.5**	**21.1**	**40.9**	**41.6**
Briarcliff Manor	0	5	0	1	2	0.0	63.6	0.0	12.7	25.4
Buchanan	2	4	3	2	2	89.7	179.4	134.5	89.7	89.7
Cortlandt Manor	4	15	10	24	17	12.8	47.9	32.0	76.7	54.3
Croton-on-Hudson	1	5	3	4	6	12.4	62.0	37.2	49.6	74.3
Mount Pleasant	4	13	1	7	11	15.3	49.7	3.8	26.7	42.0
Ossining Town	0	2	0	4	2	0.0	37.0	0.0	74.0	37.0
Ossining Village	2	2	4	4	9	8.0	8.0	16.0	16.0	35.9
Peekskill	3	5	8	7	6	12.7	21.2	33.9	29.7	25.4
Pleasantville	0	0	2	3	5	0.0	0.0	28.5	42.7	71.2
Sleepy Hollow	0	1	0	4	1	0.0	10.1	0.0	40.5	10.1
Northeast	**27**	**66**	**48**	**94**	**113**	**19.7**	**48.3**	**35.1**	**68.7**	**82.6**
Bedford	3	16	4	14	16	17.3	92.3	23.1	80.8	92.3
Lewisboro	1	7	9	12	16	8.1	56.4	72.5	96.7	128.9
Mount Kisco	3	2	4	5	8	27.6	18.4	36.8	46.0	73.5
New Castle	1	4	6	13	17	5.7	22.8	34.2	74.0	96.8
North Castle	5	5	2	4	4	42.2	42.2	16.9	33.8	33.8
North Salem	0	7	2	8	5	0.0	137.1	39.2	156.7	98.0
Pound Ridge	1	4	0	3	5	19.6	78.4	0.0	58.8	98.0
Somers	5	12	8	13	13	24.5	58.7	39.2	63.6	63.6
Yorktown Heights	8	9	13	22	29	22.2	24.9	36.0	61.0	80.4
West Central	**10**	**26**	**21**	**21**	**41**	**6.2**	**16.0**	**12.9**	**12.9**	**25.2**
Ardsley	1	2	2	1	3	22.5	44.9	44.9	22.5	67.4
Dobbs Ferry	1	6	3	2	3	9.2	55.2	27.6	18.4	27.6
Elmsford	0	1	0	0	1	0.0	21.4	0.0	0.0	21.4
Greenburgh	4	7	6	6	7	9.3	16.3	14.0	14.0	16.3
Hastings-on-Hudson	3	2	1	1	5	38.2	25.5	12.7	12.7	63.7
Irvington	0	2	2	1	3	0.0	31.2	31.2	15.6	46.7
Scarsdale	0	3	0	1	3	0.0	17.5	0.0	5.8	17.5
Tarrytown	0	1	3	4	7	0.0	8.9	26.6	35.5	62.1
White Plains	1	2	4	5	9	1.8	3.5	7.0	8.8	15.8

(continued)

Table 27. Reported Cases and Rates of Lyme Disease by Municipality, Westchester County, 2008-2012 *(continued)*

Health Planning Region & Municipality	Cases					Rate (per 100,000)[1]				
	2012	2011	2010	2009	2008	2012	2011	2010	2009	2008
East Central	**8**	**8**	**6**	**13**	**18**	**6.8**	**6.8**	**5.1**	**11.0**	**15.2**
Harrison	0	3	2	3	8	0.0	10.9	7.3	10.9	29.1
Larchmont	2	0	0	1	0	34.1	0.0	0.0	17.1	0.0
Mamaroneck Town	0	1	2	1	4	0.0	8.3	16.7	8.3	33.4
Mamaroneck Village	2	0	1	2	3	10.6	0.0	5.3	10.6	15.8
Port Chester	2	3	1	1	1	6.9	10.4	3.5	3.5	3.5
Rye	2	1	0	2	2	12.7	6.4	0.0	12.7	12.7
Rye Brook	0	0	0	3	0	0.0	0.0	0.0	32.1	0.0
Southwest	**5**	**4**	**1**	**11**	**17**	**2.6**	**2.0**	**0.5**	**5.6**	**8.7**
Yonkers	**5**	**4**	1	11	17	2.6	2.0	0.5	5.6	8.7
Southeast	**5**	**11**	**7**	**8**	**13**	**2.6**	**5.8**	**3.7**	**4.2**	**6.9**
Bronxville	0	1	0	2	1	0.0	15.8	0.0	31.6	15.8
Eastchester	1	1	0	0	2	5.1	5.1	0.0	0.0	10.2
Mount Vernon	1	1	2	0	2	1.5	1.5	3.0	0.0	3.0
New Rochelle	2	4	4	3	6	2.6	5.2	5.2	3.9	7.8
Pelham	0	2	0	1	1	0.0	28.9	0.0	14.5	14.5
Pelham Manor	0	2	1	1	1	0.0	36.5	18.2	18.2	18.2
Tuckahoe	1	0	0	1	0	15.4	0.0	0.0	15.4	0.0

[1] Rates were calculated using the 2010 US Census population data.

Source: Westchester County Department of Health. Data as of May 2013.

Table 28. Reported Cases and Rates of Lyme Disease by Age and Sex, Westchester County, 2011-2012

2011

Age *(years)*	Total[1]			Male			Female		
	Number	Rate[2]	Percent	Number	Rate[2]	Percent	Number	Rate[2]	Percent
Total	**166**	**17.5**	**100**	**95**	**20.8**	**100**	**71**	**14.4**	**100**
0-9	10	8.3	6.0	7	11.4	7.4	3	5.1	4.2
10-19	30	22.9	18.1	20	29.8	21.1	10	15.7	14.1
20-29	8	7.5	4.8	2	3.7	2.1	6	11.5	8.5
30-39	12	10.2	7.2	6	10.6	6.3	6	10.0	8.5
40-49	25	16.9	15.1	16	22.6	16.8	9	11.8	12.7
50-59	27	20.1	16.3	15	23.4	15.8	12	17.1	16.9
60-69	23	24.9	13.9	14	32.8	14.7	9	18.2	12.7
70+	31	31.0	18.7	15	38.1	15.8	16	26.3	22.5

2012

Age *(years)*	Total[1]			Male			Female		
	Number	Rate[2]	Percent	Number	Rate[2]	Percent	Number	Rate[2]	Percent
Total	**71**	**7.5**	**100**	**47**	**10.3**	**100**	**23**	**4.7**	**100**
0-9	4	3.3	5.6	2	3.2	4.3	2	3.4	8.7
10-19	15	11.5	21.1	8	11.9	17.0	7	11.0	30.4
20-29	5	4.7	7.0	4	7.4	8.5	1	1.9	4.3
30-39	6	5.1	8.5	5	8.8	10.6	1	1.7	4.3
40-49	15	10.2	21.1	11	15.5	23.4	4	5.2	17.4
50-59	7	5.2	9.9	6	9.3	12.8	1	1.4	4.3
60-69	5	5.4	7.0	5	11.7	10.6	0	0.0	0.0
70+	13	13.0	18.3	6	15.2	12.8	7	11.5	30.4

[1] Total includes 1 case of unknown age and sex.

[2] Rates are per 100,000 persons, calculated using the 2010 US Census population data.

Source: Westchester County Department of Heath. Data as of May 2013.

Table 29. Reported Cases of Lyme Disease by Month, Westchester County, 2010-2012

Month	2012		2011		2010	
	Number	%	Number	%	Number	%
Total	**71**		**167**		**114**	
January	8	11.3	8	4.8	9	7.9
February	5	7.0	3	1.8	4	3.5
March	8	11.3	12	7.2	6	5.3
April	5	7.0	9	5.4	8	7.0
May	6	8.5	17	10.2	8	7.0
June	14	19.7	33	19.8	32	28.1
July	7	9.9	35	21.0	27	23.7
August	9	12.7	14	8.4	7	6.1
September	0	0.0	15	9.0	3	2.6
October	2	2.8	9	5.4	0	0.0
November	1	1.4	7	4.2	2	1.8
December	6	8.5	5	3.0	8	7.0

Source: Westchester County Department of Health. Data as of May 2013.

Table 30. Number of Tuberculosis Cases and Contacts, Westchester County, 2008-2012

	2012		2011		2010		2009		2008	
	Number	%	Number	%	Number	%	Number	%	Number	%
New Tuberculosis Cases	37		40		37		40		62	
Sex										
Male	20	54.1	26	65.0	24	64.9	25	62.5	40	64.5
Female	17	45.9	14	35.0	13	35.1	15	37.5	22	35.5
Race										
White	23	62.2	22	55.0	22	59.5	25	62.5	46	74.2
Black	5	13.5	2	5.0	5	13.5	7	17.5	4	6.5
Asian	9	24.3	0	0.0	6	16.2	8	20.0	12	19.4
Other			16	40.0	4	10.8				
Ethnicity										
Hispanic	16	43.2	20	50.0	19	51.4	20	50.0	35	56.5
Non-Hispanic	21	56.8	20	50.0	18	48.6	20	50.0	27	43.5
Foreign Born	30	81.1	35	87.5	31	83.8	32	80.0	52	83.9
US Born	7	18.9	3	7.5	6	16.2	8	20.0	10	16.1
Site of Infection										
Pulmonary	27	73.0	28	70.0	27	73.0	29	72.5	56	90.3
Extra-Pulmonary Only	10	27.0	12	30.0	10	27.0	11	27.5	6	9.7
Drug Resistant										
None Identified	32	86.5	29	72.5	36	97.3	34	85.0	55	88.7
Drug Resistant (Non-MDR)	2	5.4	6	15.0	0	0.0	3	7.5	7	11.3
Multi-Drug Resistant	3	8.1	5	12.5	1	2.7	3	7.5	0	0.0
HIV Status										
Negative	28	75.7	35	87.5	27	73.0	32	80.0	50	80.6
Positive	2	5.4	0	0.0	3	8.1	2	5.0	7	11.3
Unknown	7	18.9	5	12.5	7	18.9	6	15.0	5	8.1
Avtive Cases	45		37		31		29		56	
Contacts Identified	233		333		378		944		1,151	
Incidence Rate per 100,000	3.9		4.2		3.9		4.4		6.7	

Source: Westchester County Department of Health. Data as of May 2013.

Table 31. Number of Clients and Visits toWestchester County Department of Health Sexually Transmitted Disease Clinics by Age, Sex, and Race/Ethnicity, Westchester County, 2012

Demographics	Total Patients[1]	Total Visits	Visits per Patient
Total[2]	**1,839**	**3,294**	**1.8**
Sex			
Female	767	1,395	1.8
Male	1,072	1,899	1.8
Race/Ethnicity			
White - Non Hispanic[3]	331	588	1.8
Black - Non Hispanic[3]	876	1,555	1.8
Hispanic - White	170	327	1.9
Hispanic - Black	26	47	1.8
Hispanic - Race unspecified	294	526	1.8
Asian/Native Hawaiian/Pacific Islander	32	52	1.6
Multicultural/Some Other Race/ Unknown	109	196	1.8
Age Group			
<15	9	14	1.6
15 - 19	230	429	1.9
20 - 24	558	967	1.7
25 - 29	365	612	1.7
30 - 34	211	337	1.6
35 - 39	129	226	1.8
40 - 44	103	202	2.0
45+	256	507	2.0

[1]Total represents unduplicated patients; includes patients who may have received HIV testing and counseling during the visit.

[2]Total includes unknown sex and unknown race/ethnicity.

[3]White-Non Hispanic includes 5 cases of unknown ethnicity and Black-Non Hispanic includes 9 cases of unknown ethnicity.

Source: Westchester County Department of Health. Data as of December 2013.

Table 32. Number of Clients and Visits for HIV Tests and/or Counseling Services at Westchester County Department of Health HIV Clinics by Age, Sex, and Race/Ethnicity, Westchester County, 2012

Demographics	Total Patients	Total Visits	Visits per Patient
Total	**2,108**	**2,782**	**1.3**
Sex			
Female	890	1,196	1.3
Male	1,218	1,586	1.3
Race/Ethnicity			
White - Non Hispanic	372	475	1.3
Black - Non Hispanic	861	1,110	1.3
Hispanic - White	405	405	1.0
Hispanic - Black	26	33	1.3
Hispanic - Race unspecified	370	487	1.3
Asian/Native Hawaiian/Pacific Islander	70	101	1.4
Multicultural/Some Other Race/Unknown	132	170	1.3
Age Group			
<10	38	51	1.3
10 - 14	16	25	1.6
15 - 19	219	291	1.3
20 - 24	531	685	1.3
25 - 29	423	542	1.3
30 - 34	252	332	1.3
35 - 39	170	228	1.3
40 - 44	124	168	1.4
45+	335	460	1.4

Source: Westchester County Department of Health. Data as of December 2013.

Table 33. Number of Clients and Visits to Westchester County Department of Health Tuberculosis Clinics by Age, Sex, and Race/Ethnicity, Westchester County, 2012

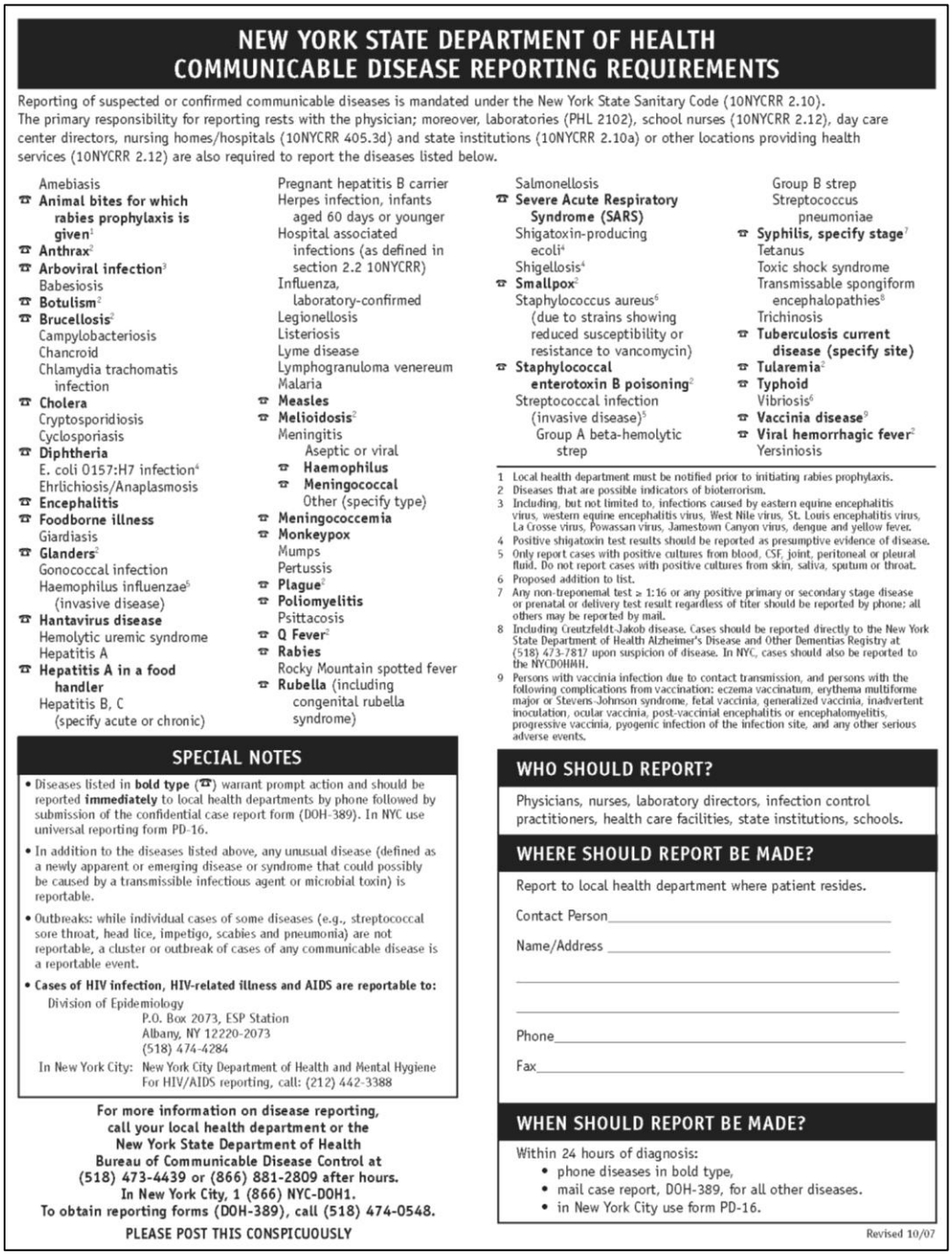
Demographics	Total Patients[1]	Total Visits	Visits per Patient
Total[2]	**437**	**2,024**	**4.6**
Sex			
Female	205	1,036	5.1
Male	232	988	4.3
Race/Ethnicity			
White - Non Hispanic[3]	25	121	4.8
Black - Non Hispanic[3]	33	212	6.4
Hispanic - White	145	672	4.6
Hispanic - Black	1	5	5.0
Hispanic - Race unspecified	123	466	3.8
Asian/Native Hawaiian/Pacific Islander	62	340	5.5
Multicultural/Some Other Race/Other/Unknown	47	207	4.4
Age Group			
<10	51	143	2.8
10 - 14	30	111	3.7
15 - 19	23	90	3.9
20 - 24	25	137	5.5
25 - 29	57	232	4.1
30 - 34	58	231	4.0
35 - 39	51	300	5.9
40 - 44	40	201	5.0
45 - 64	80	408	5.1
65+	30	171	5.7

Source: Westchester County Department of Health. Data as of December 2013.

Appendices

A1. Communicable Disease Reporting Requirements

Westchester County publishes a quarterly morbidity report detailing the incidence of all reportable diseases that occur within the County. The quarterly morbidity report can be found on the Health Department's website www.westchestergov.com/health, under data and statistics. Diseases are reported in the Quarterly Morbidity Report if there have been cases during the past 3 years, therefore not every disease that is listed in the New York State Department of Health reporting requirements will appear.



NEW YORK STATE DEPARTMENT OF HEALTH
COMMUNICABLE DISEASE REPORTING REQUIREMENTS

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions (10NYCRR 2.10a) or other locations providing health services (10NYCRR 2.12) are also required to report the diseases listed below.

- Amebiasis
- ☎ **Animal bites for which rabies prophylaxis is given**[1]
- ☎ **Anthrax**[2]
- ☎ **Arboviral infection**[3]
- Babesiosis
- ☎ **Botulism**[2]
- ☎ **Brucellosis**[2]
- Campylobacteriosis
- Chancroid
- Chlamydia trachomatis infection
- ☎ **Cholera**
- Cryptosporidiosis
- Cyclosporiasis
- ☎ **Diphtheria**
- E. coli O157:H7 infection[4]
- Ehrlichiosis/Anaplasmosis
- ☎ **Encephalitis**
- ☎ **Foodborne illness**
- Giardiasis
- ☎ **Glanders**[2]
- Gonococcal infection
- Haemophilus influenzae[5] (invasive disease)
- ☎ **Hantavirus disease**
- Hemolytic uremic syndrome
- Hepatitis A
- ☎ **Hepatitis A in a food handler**
- Hepatitis B, C (specify acute or chronic)
- Pregnant hepatitis B carrier
- Herpes infection, infants aged 60 days or younger
- Hospital associated infections (as defined in section 2.2 10NYCRR)
- Influenza, laboratory-confirmed
- Legionellosis
- Listeriosis
- Lyme disease
- Lymphogranuloma venereum
- Malaria
- ☎ **Measles**
- ☎ **Melioidosis**[2]
- Meningitis
  - Aseptic or viral
  - ☎ **Haemophilus**
  - ☎ **Meningococcal**
  - Other (specify type)
- ☎ **Meningococcemia**
- ☎ **Monkeypox**
- Mumps
- Pertussis
- ☎ **Plague**[2]
- ☎ **Poliomyelitis**
- Psittacosis
- ☎ **Q Fever**[2]
- ☎ **Rabies**
- Rocky Mountain spotted fever
- ☎ **Rubella** (including congenital rubella syndrome)
- Salmonellosis
- ☎ **Severe Acute Respiratory Syndrome (SARS)**
- Shigatoxin-producing ecoli[4]
- Shigellosis[4]
- ☎ **Smallpox**[2]
- Staphylococcus aureus[6] (due to strains showing reduced susceptibility or resistance to vancomycin)
- ☎ **Staphylococcal enterotoxin B poisoning**[2]
- Streptococcal infection (invasive disease)[5]
  - Group A beta-hemolytic strep
  - Group B strep
  - Streptococcus pneumoniae
- ☎ **Syphilis, specify stage**[7]
- Tetanus
- Toxic shock syndrome
- Transmissable spongiform encephalopathies[8]
- Trichinosis
- ☎ **Tuberculosis current disease (specify site)**
- ☎ **Tularemia**[2]
- ☎ **Typhoid**
- Vibriosis[6]
- ☎ **Vaccinia disease**[9]
- ☎ **Viral hemorrhagic fever**[2]
- Yersiniosis

1 Local health department must be notified prior to initiating rabies prophylaxis.
2 Diseases that are possible indicators of bioterrorism.
3 Including, but not limited to, infections caused by eastern equine encephalitis virus, western equine encephalitis virus, West Nile virus, St. Louis encephalitis virus, La Crosse virus, Powassan virus, Jamestown Canyon virus, dengue and yellow fever.
4 Positive shigatoxin test results should be reported as presumptive evidence of disease.
5 Only report cases with positive cultures from blood, CSF, joint, peritoneal or pleural fluid. Do not report cases with positive cultures from skin, saliva, sputum or throat.
6 Proposed addition to list.
7 Any non-treponemal test ≥ 1:16 or any positive primary or secondary stage disease or prenatal or delivery test result regardless of titer should be reported by phone; all others may be reported by mail.
8 Including Creutzfeldt-Jakob disease. Cases should be reported directly to the New York State Department of Health Alzheimer's Disease and Other Dementias Registry at (518) 473-7817 upon suspicion of disease. In NYC, cases should also be reported to the NYCDOHMH.
9 Persons with vaccinia infection due to contact transmission, and persons with the following complications from vaccination: eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, inadvertent inoculation, ocular vaccinia, post-vaccinial encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the infection site, and any other serious adverse events.

SPECIAL NOTES

- Diseases listed in **bold type** (☎) warrant prompt action and should be reported **immediately** to local health departments by phone followed by submission of the confidential case report form (DOH-389). In NYC use universal reporting form PD-16.
- In addition to the diseases listed above, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reportable.
- Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
- **Cases of HIV infection, HIV-related illness and AIDS are reportable to:**

Division of Epidemiology
P.O. Box 2073, ESP Station
Albany, NY 12220-2073
(518) 474-4284

In New York City: New York City Department of Health and Mental Hygiene
For HIV/AIDS reporting, call: (212) 442-3388

For more information on disease reporting, call your local health department or the New York State Department of Health Bureau of Communicable Disease Control at (518) 473-4439 or (866) 881-2809 after hours. In New York City, 1 (866) NYC-DOH1. To obtain reporting forms (DOH-389), call (518) 474-0548.

PLEASE POST THIS CONSPICUOUSLY

WHO SHOULD REPORT?

Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions, schools.

WHERE SHOULD REPORT BE MADE?

Report to local health department where patient resides.

Contact Person_____

Name/Address _____

_____

_____

Phone_____

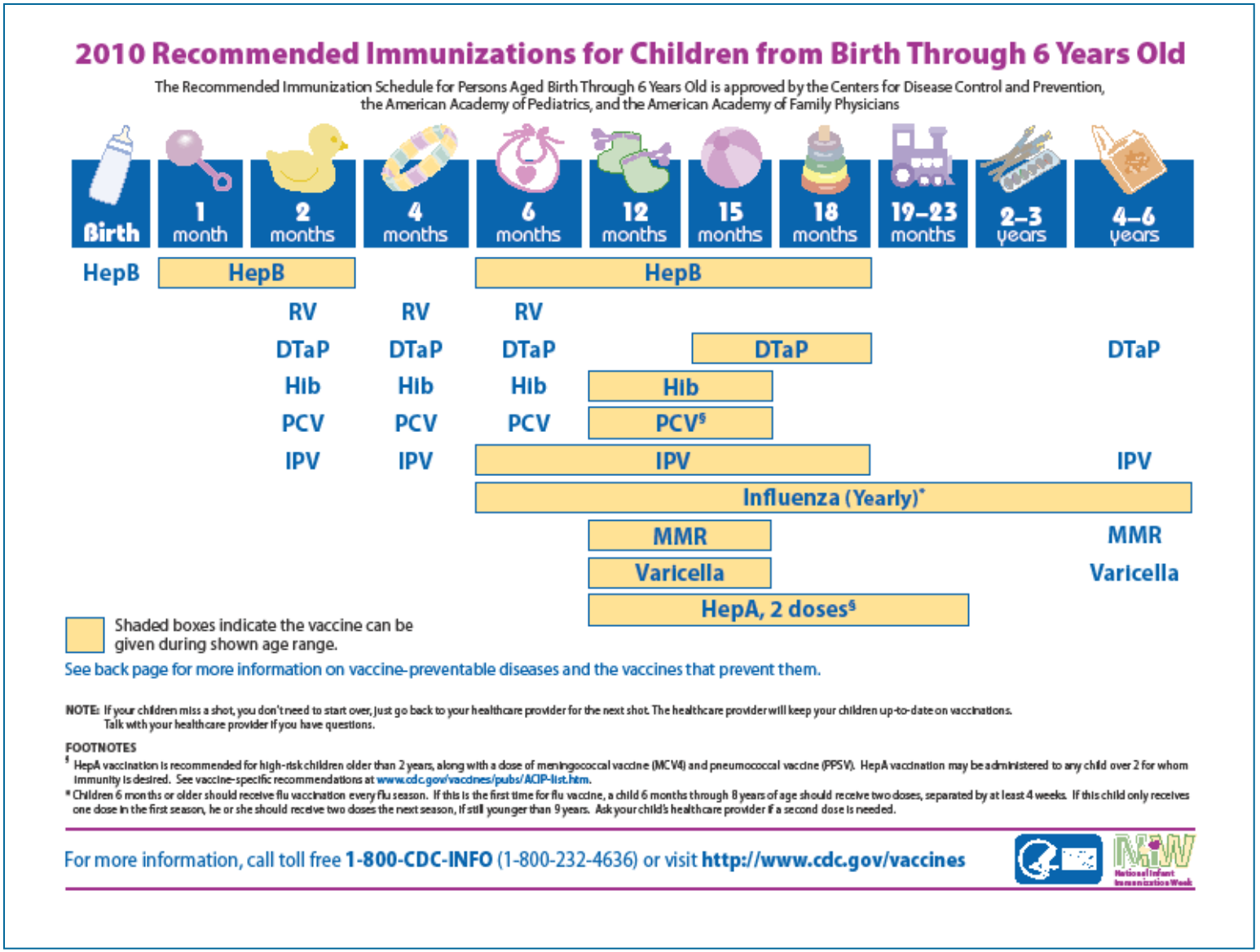
Fax_____

WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:
- phone diseases in bold type,
- mail case report, DOH-389, for all other diseases.
- in New York City use form PD-16.

Revised 10/07

A2. Childhood Immunization Schedule



Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Diphtheria (Can be prevented by DTaP vaccine)*

Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria can be passed from person to person by direct contact with droplets from an infected person's cough or sneeze. When people are infected, the diphtheria bacteria produce a toxin (poison) in the body that can cause weakness, sore throat, low-grade fever, and swollen glands in the neck. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In severe cases, the illness can cause coma, paralysis, and even death.

***Haemophilus influenzae* type b** (Can be prevented by Hib vaccine)

Hib disease is caused by bacteria called Haemophilus influenzae type b.The disease is very serious for children younger than age 5, especially infants. Hib is spread from person to person by direct contact, or by contact with respiratory droplets from an infected person's cough or sneeze. Hib is most commonly spread by people who have the bacteria in their noses and throats but who are not sick. Hib can cause meningitis—an infection around the brain and spinal cord—which can lead to life-long disability, mental retardation, or death. Hib can also cause epiglottis (infection in the throat) and pneumonia (infection in the lungs). All these infections can be life threatening.

Hepatitis A (Can be prevented by HepA vaccine)

Hepatitis A is an infection in the liver caused by a virus. The virus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, and jaundice (yellowing of the skin and eyes). An infected person may have no symptoms, may have mild illness for a week or two, or may have severe illness for several months that requires hospitalization. In the U.S., about 100 people a year die from hepatitis A.

Hepatitis B (Can be prevented by HepB vaccine)

Hepatitis B is an infection of the liver caused by a virus. It spreads through contact with blood or other body fluids, for example, from sharing personal items, such as toothbrushes or eating utensils. Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. The virus stays in the liver of some people for the rest of their lives and can result in severe liver diseases, including fatal cancer.

Influenza (Can be prevented by annual flu vaccine)

Influenza is a highly contagious viral infection of the nose, throat, and lungs. It spreads easily through droplets when an infected person coughs or sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

Measles (Can be prevented by MMR vaccine)**

Measles is one of the most contagious viral diseases. Measles is spread by direct contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just being in the same room after a person who has measles has already left can result in infection. Symptoms usually include a rash, fever, cough, and watery eyes. Fever can persist, reaching 104˚F or higher, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

Mumps (Can be prevented by MMR vaccine)**

Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes fever, headaches, painful swelling of the salivary glands under the jaw, fever, muscle aches, tiredness, and loss of appetite. Severe complications for children who get mumps are rare, but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which can lead to sterility in men.

Pertussis (Whooping Cough) (Can be prevented by DTaP vaccine)*

Pertussis is caused by bacteria that spread through direct contact with respiratory droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, low grade fever, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About two-thirds of children under 1 year of age who get pertussis must be hospitalized.

Pneumococcal Disease (Can be prevented by PCV vaccine)

Pneumococcal disease is a bacterial infection that invades the lungs, causing the most common kind of bacterial pneumonia. The bacteria are commonly found in many people's noses and throats and are spread by droplets when people who have the bacteria in their throats or noses cough or sneeze. People—especially children—often have the bacteria in their throats without being ill. In fact, the bacteria are present in about 25% of people. Why the bacteria suddenly invade the body and cause disease is unknown. The bacteria can invade both the bloodstream (bacteremia) and the brain (meningitis, that is infection of the covering of the brain and spinal cord). Symptoms include high fever, cough with chest pain and mucus, shaking chills, breathlessness, and chest pain that increases with breathing. Pneumococcal disease can result in hospitalization and even death.

Polio (Can be prevented by IPV vaccine)

Polio is caused by a virus that lives in an infected person's throat and intestines. It spreads through contact with the feces (stool) of an infected person and through droplets from a sneeze or cough. Symptoms typically include sudden fever, sore throat, headache, muscle weakness, and pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, up to 5% of children may die because they become unable to breathe.

Rotavirus (Can be prevented by RV vaccine)

Rotavirus is caused by a virus and is the most common cause of severe diarrhea among children. Rotavirus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Common symptoms of rotavirus include vomiting, watery diarrhea that lasts for 3-8 days, fever and abdominal pain. Approximately 55,000 children are hospitalized each year in the United States from severe diarrhea and vomiting caused by rotavirus.

Rubella (German Measles) (Can be prevented by MMR vaccine)**

Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious in pregnant women. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious heart defects, mental retardation and loss of hearing and eye sight.

Tetanus (Lockjaw) (Can be prevented by DTaP vaccine)*

Tetanus is caused by bacteria found in soil that enters the body through a wound, such as a deep cut. When people are infected, the bacteria produce a toxin (poison) in the body that causes serious, painful spasms and stiffness of all muscles in the body. This can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. Three of ten people who get tetanus die from the disease.

Varicella (Chickenpox) (Can be prevented by Varicella vaccine)

Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. It can spread from either a cough, sneeze. It can also spread by contact with virus particles that come from the blisters on the skin, either by touching them or by breathing in these virus particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

*DTap is a combination vaccine that can prevent Diphtheria, Tetanus, and Pertussis.
**MMR is a combination vaccine that can prevent Measles, Mumps, and Rubella.

This document can be found on the CDC website at: http://www.cdc.gov/vaccines/events/niiw/2010/downloads/educ/parent-ver-sch-0-6yrs-508.pdf

A3. Adolescent Immunization Schedule

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years - United States • 2011

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ⮟ Age ➢	7-10 years	11-12 years	13-18 years
Tetanus, Diptheria, Pertusis[1]		Tdap	Tdap
Human Papillomavirus[2]	*See footnote*[2]	HPV (3 doses)(females)	HPV series
Meningococcal[3]	MCV4	MCV4	MCV4
Influenza[4]		Influenza (yearly)	
Pneumococcal[5]		Pneumococcal	
Hepatitis A[6]		HepA Series	
Hepatitis B[7]		HepB Series	
Inactivated Poliovirus[8]		IPV Series	
Measles, Mumps, and Rubella[9]		MMR Series	
Varicella[10]		Varicella Series	

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: **http://www.cdc.gov/vaccines/pubs/acip-list.htm**. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at **http://www.vaers.hhs.gov** or by telephone, **800-822-7967**.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for Boostrix and 11 years for Adacel))
• Persons aged 11 through 18 years who have not received Tdap should receive a dose followed by Td booster doses every 10 years thereafter.
• Persons aged 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid–containing vaccine are needed.
• Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid–containing vaccine.
2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)
• Quadrivalent HPV vaccine (HPV4) or bivalent HPV vaccine (HPV2) is recommended for the prevention of cervical precancers and cancers in females.
• HPV4 is recommended for prevention of cervical precancers, cancers, and genital warts in females.
• HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts.
• Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
3. Meningococcal conjugate vaccine, quadrivalent (MCV4). (Minimum age: 2 years)
• Administer MCV4 at age 11 through 12 years with a booster dose at age 16 years.
• Administer 1 dose at age 13 through 18 years if not previously vaccinated.
• Persons who received their first dose at age 13 through 15 years should receive a booster dose at age 16 through 18 years.
• Administer 1 dose to previously unvaccinated college freshmen living in a dormitory.
• Administer 2 doses at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
• Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
• Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
• Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older).
4. Influenza vaccine (seasonal).
• For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
• Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
• Children 6 months through 8 years of age who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010-2011 seasonal influenza vaccine. See *MMWR* 2010;59(No. RR-8):33–34.
5. Pneumococcal vaccines.
• A single dose of 13-valent pneumococcal conjugate vaccine (PCV13) may be administered to children aged 6 through 18 years who have functional or anatomic asplenia, HIV infection or other immunocompromising condition, cochlear implant or CSF leak. See *MMWR* 2010;59(No. RR-11).
• The dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
• Administer pneumococcal polysaccharide vaccine at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.
6. Hepatitis A vaccine (HepA).
• Administer 2 doses at least 6 months apart.
• HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, or who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
7. Hepatitis B vaccine (HepB).
• Administer the 3-dose series to those not previously vaccinated. For those with incomplete vaccination, follow the catch-up schedule.
• A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.
8. Inactivated poliovirus vaccine (IPV).
• The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
• If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
9. Measles, mumps, and rubella vaccine (MMR).
• The minimum interval between the 2 doses of MMR is 4 weeks.
10. Varicella vaccine.
• For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
• For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
• For persons aged 13 years and older, the minimum interval between doses is 4 weeks.

The recommended Immunization Schedules for Persons Aged 0 Through 18 years are approved by the Advisory Committee on Immuniztion Practices (**http://www.cdc.gov/vaccines/recs/acip**), the American Academy of pediatrics (**http://www.aap.org**), and the American Academy of Family Physicians (**http://www.aafp.org**).
Department of Health and Human Services • Centers for Disease Control and Prevention

Vaccinations for Adults

You're NEVER too old to get immunized!

Getting immunized is a lifelong, life-protecting job. Don't leave your healthcare provider's office without making sure you've had all the vaccinations you need.

Age ➤ / Vaccine ⮟	19-49 years	50-64 years	65 years & older
Influenza	You need a dose every fall (or winter) for your protection and the protection of others around you.		
Pneumococcal	You need 1-2 doses if you smoke cigarettes or if you have certain chronic medical conditions.*		You need 1 dose at age 65 (or older) if you've never been vaccinated.
Tetanus, Diphtheria, Pertussis (Whooping Cough) (Td, Tdap)	Be sure to get a 1-time dose of "Tdap" vaccine (the adult whooping cough vaccine) if you are younger than age 65 years, are 65+ and have contact with an infant, are a healthcare worker, or simply want to be protected from whooping cough. You need a Td booster dose every 10 years. Consult your healthcare provider if you haven't had at least 3 tetanus- and diphtheria-containing shots sometime in your life or have a deep or dirty wound.		
Hepatitis B (HepB)	You need this vaccine if you have a specific risk factor for hepatitis B virus infection* or you simply wish to be protected from this disease. The vaccine is given in 3 doses, usually over 6 months.		
Hepatitis A (HepA)	You need this vaccine if you have a specific risk factor for hepatitis A virus infection* or you simply wish to be protected from this disease. The vaccine is usually given as 2 doses, 6-18 months apart.		
Human Papillomavirus (HPV)	You need this vaccine if you are a woman who is age 26 years or younger. One brand, Gardasil, can be given to men age 26 years or younger to prevent genital warts. The vaccine is given in 3 doses over 6 months.		
Measles, Mumps, Rubella (MMR)	You need at least 1 dose of MMR if you were born in 1957 or later. You may also need a second dose.		
Varicella (Chikenpox)	If you've never had chickenpox or you were vaccinated but received only 1 dose, talk to your healthcare provider to find out if you need this vaccine.*		
Meningococcal	If you are going to college and plan to live in a dormitory, or have one of several medical conditions*, you need to get vaccinated against meningococcal disease. You may also need additional booster shots.		
Zoster (Shingles)			If you are age 60 years or older, you should get this vaccine now.

*Consult your healthcare provider to determine your level of risk for infection and your need for this vaccine.

Do you travel outside the United States? If so, you may need additional vaccines. The Centers for Disease Control and Prevention (CDC) provides information to assist travelers and their healthcare providers in deciding the vaccines, medications, and other measures necessary to prevent illness and injury during international travel. Visit CDC's website at www.cdc.gov/travel or call (800) CDC-INFO ([800] 232-4636). You may also consult a travel clinic or your healthcare provider.

Technical content provided by the Centers for Disease Control and Prevention, December 2010. www.immunize.org/catg.d/p4030.pdf • Item #P4030(12/10)

Immunization Action Coalition • 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • www.vaccineinformation.org • www.immunize.org

A5. Data Sources

The information source on communicable diseases in Westchester County is the New York State Communicable Disease Electronic Surveillance System (CDESS). CDESS is a live database that collects information regarding cases and investigations of numerous communicable diseases in New York State. The information presented in this report represents a snapshot of the data at the time it was downloaded. Subsequently, cases may have been revoked, added, or found to have been duplicates and removed based on new information.

A6. Westchester County Municipalities

Health Planning Region and Municipality[1]	Code[2]
Northwest	
Cortlandt Town	T
Buchanan Village	V
Croton-on-Hudson Village	V
Cortlandt Unincorporated	TOV
Mount Pleasant Town	T
Briarcliff Manor Village (Mount Pleasant Part)[2]	V
Pleasantville Village	V
Sleepy Hollow Village	V
Mount Pleasant Unincorporated	TOV
Ossining Town	T
Briarcliff Manor Village (Ossining Part)[2]	V
Ossining Village	V
Ossining Unincorporated	TOV
Peekskill	C
Northeast	
Bedford Town	T
Lewisboro Town	T
Mount Kisco Town/Village	T/V
New Castle Town	T
North Castle Town	T
North Salem Town	T
Pound Ridge Town	T
Somers Town	T
Yorktown Town	T
West Central	
Greenburgh Town	T
Ardsley Village	V
Dobbs Ferry Village	V
Elmsford Village	V
Hastings-on-Hudson Village	V
Irvington Village	V
Tarrytown Village	V
Greenburgh Unincorporated	TOV
Scarsdale Town/Village	T/V
White Plains	C

Health Planning Region and Municipality[1]	Code[2]
East Central	
Harrison Town/Village	T/V
Mamaroneck Town	T
Larchmont Village	V
Mamaroneck Village (Mamaroneck Part)[3]	V
Mamaroneck Unincorporated	TOV
Rye City	C
Rye Town	T
Mamaroneck Village (Rye Part)[3]	V
Port Chester Village	V
Rye Brook Village	V
Southwest	
Yonkers	C
Southeast	
Eastchester Town	T
Bronxville Village	V
Tuckahoe Village	V
Eastchester Unincorporated	TOV
Mount Vernon	C
New Rochelle	C
Pelham Town	T
Pelham Village	V
Pelham Manor Village	V

[1] For regional planning purposes, municipalities are grouped into six geographic health planning regions.

[2] A town may or may not include incorporated villages located within the town boundary. When it does not include any incorporated villages within the town boundary, the statistics refer to the town as a whole (T). When it does include incorporated villages within its boundary, the statistics refer to the unincorporated area within the town boundary (TOV). The entities of Harrison, Mount Kisco, and Scarsdale are both towns and villages (V/T). The land in two towns, Pelham and Rye, has all been incorporated into separated villages. Therefore, no data are reported for these two towns.

[3] The Village of Briarcliff Manor and the Village of Mamaroneck are split between two towns. Briarcliff Manor is within the Town of Ossining (92% of its surface area and 91% of its population) and the Town of Mount Pleasant (8% of its surface area and 9% of its population). The Village of Mamaroneck is within the Town of Mamaroneck (63% of its surface area and 60% of its population) and the Town of Rye (37% of its surface area and 40% of its population).

A7. Health Planning Regions and Municipality Map